THE

MEDICAL AND PHYSICAL *JOURNAL*,

CONTAINING

THE EARLIEST INFORMATION

ON SUBJECTS OF

MEDICINE, | SURGERY,
PHARMACY, | CHEMISTRY,

AND

NATURAL HISTORY;

AND A

CRITICAL ANALYSIS OF ALL NEW WORKS

In those DEPARTMENTS of LITERATURE.

CONDUCTED BY

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VOL. VII.

FROM JANUARY TO JUNE, 1802.

LONDON:

71, ST. PAUL'S CHURCH YARD;

rs in the United Kingdoms.

6 *d. in Boards.*

ed Lion Court, Fleet Street.]

RC-E02143

Sarasvati Mahal Library. Thanjavur

[Entered at Stationers Hall,]

THE

Medical and Phyfical Journal.

VOL. VII.] JANUARY, 1802. [NO. XXXV.

To Dr. BATTY.

DEAR SIR,

IF you deem the following minute of a Cafe of premature determination to the Uterus, worth recording in your Journal, I will beg you to infert it, with the annexed Obfervations on Vaccination, in your next Number. I am, &c.

Dock, Dec. 5, 1801. RICHARD DUNNING.

A. B. always till within the laft three months, lived at Torpoint, a village on the banks of the Tamar, immediately oppofite this town. She was born a ftout healthy child, has continued almoft uninterruptingly to be fo, and was feven years old on the 11th of Auguft laft. More than two years and a half ago, fhe was obferved to be a good deal uneafy; her mother, from enquiries and obfervation, collected from her that fhe fuffered much pain in the lower part of her back and abdomen. The following morning, however, fhe was perfectly well, but the mother was much furprifed by the appearance of feveral patches of blood on her linen. About two months after, fimilar circumftances in every refpect again occurred, and have from that time to the prefent, (with the interruption of two periods only, in the intervals of which fhe was troubled with no inconfiderable quantity of leucorrhœa,) returned monthly with fo much regularity, that the mother can nearly tell the day of recurrence. The child has refided during the laft three months in Plymouth, in a clofe part of the town. I faw the mother yefterday with Dr. Remmett. A fecond month has now paffed without a return; but leucorrhœa has again taken place; the child has a tumid abdomen and begins to be indifpofed; the mother obferved to us, fhe believes fhe will remain fo, until *she becomes regular again.* It ftrikes me that the ftrength and character of the child's face are rather more that of juvenility than of childhood, and alfo, that the fullnefs and prominency of the breafts are greater than are common to fo early an age; no other marks of puberty attend. What her faculties or dif-

poſitions are, I have not enquired. Recollecting it has been ſaid, that particular aſſociations or impreſſions have been remarked through ſeveral ſucceſſions in ſome families, I aſked the mother and gra[illegible] who were preſent when I made thoſe minutes, at what age [illegible]nſtruation began with them. Although they both told me, at a period rather earlier than uſual in this country, I do not, however, think the information enough remarkable to connect it at all with the child's caſe. I find a caſe among Tulpius's very valuable obſervations, ſtrikingly ſimilar. As this author may not be in every body's hands, and as the reſult of the caſe ſuggeſts certainly a very uſeful practical hint, that we ſhould not by any means attempt to ſuppreſs or even interrupt theſe ſingular deviations of Nature, I have judged it worth while to tranſcribe the whole of it. Obſervationes Nicolai Tulpii, Capt. XXXVI. Lib. iii. Menſtrua puellæ quadrimæ. Sed ſupra fidem propè modum eſt, filia cujuſdam tabellarii, cui à quarto, in octavum ætatis annum periodìce ubi fluxiſſent menſtrua; accidit forte, ut illis ſuppreſſis, omnis ipſorum ſanguis converſus ſit in capite producens illìc primùm quidem dolorem dentis; ſed mox ſordidum, ac ſinuoſum gingivarum ulcus; et tam pertinacem inferioris maxillæ cariem; ut non niſi tardiſſime potuerit ulceris cavum carne itèrum impleri, et convenienter cicatrice obduci, licet nihil non molitus ſit nobiſcum, vir ſedulus, Daniel Arminius, Societati Indieæ à Medicinis.

On VACCINATION.

WHILE the ſtrongeſt teſtimonials in favour of Vaccination are moſtly confined to medical books, reports the moſt fatal to its intereſts continue daily to accumulate, and are circulated with much earneſtneſs, and even apparent ſatisfaction, by at leaſt the ſceptical, the anile, and the fooliſh, uncontradicted and unchecked. Aware of this, I ventured almoſt two years ago an opinion, that medical men ſhould, from time to time, communicate their ſentiments to the public, on this great national ſubject, through the channel of the moſt popular prints. I am ſorry to ſay, that the hint has not been generally followed up. It was not, however, wholly unnoticed. The groſs miſrepreſentations of the ſtate of Vaccine Inoculation at Plymouth, having ſpread through Cornwall, and occaſioned much anxiety among the profeſſional men, who had recommended, and in thoſe families who had acceded to the new practice, the Phyſicians and Surgeons of Plymouth, Stone-houſe and Dock, judged it

it extremely neceſſary to ſilence theſe abominable ſtories, by publiſhing a very ſtrong Teſtimonial to the merits of Vaccination, firſt in the Medical Journal, and from thence in the Sherborne and Exeter provincial papers. Although I know that theſe ſteps were, *for some ti*[illegible] by the beſt effects; and although nothing can be more evident than that they were undertaken by the Faculty to ſerve the community, not themſelves; yet I am obliged to admit, that there were not wanting ſome who were either ignorant or diſaffected enough, or perhaps both, to repreſent their conduct on this occaſion as the moſt arrant piece of quackery, and the printed Teſtimonial as an empirical advertiſement. Good God! in the name of humanity and of common ſenſe, what muſt be the conſtitution of ſuch minds! Convinced that ſome meaſures of this ſort are, even now, more called for than at any time, perhaps, ſince the introduction of the Cow-pox, I deſire again, by this opportunity, to invite profeſſional men to join me in purſuing means ſo obviouſly calculated to promote that great deſideratum, *the general eſtabliſhment of Vaccination for a few years in the united kingdom.* Let it be remembered, that this great national benefit *can only be effected through the immediate, concurring, and cordial exertions of medical men.* Thoſe gentlemen who ſee with me on this ſubject, will find in me a ready correſpondence; in the mean time I will not omit now to ſay, that from the time I had formed my opinions on this eventful queſtion, I have, almoſt daily, vaccinated ſubjects of very different ages and deſcriptions; that a great part of thoſe have been ſubſequently, and conſtantly, expoſed to an highly variolated atmoſphere, (the caſual Small-pox having prevailed in this town, more or leſs, ſometimes, and at this time, very badly, during the whole of the preſent year) and to every other means of infection from the Small-pox that prudence will ſanction. I have not, however, I moſt ſolemnly declare, ſeen nor heard of a ſingle well-authenticated circumſtance in the leaſt degree tending to invalidate my opinions, or weaken my faith in the immenſe advantages derivable from the Jennerian Inoculation; on the contrary, my own experience, and all that of this neighbourhood, go directly to heighten my VENERATION, if I may be allowed to ſay ſo, for the DISCOVERY and DISCOVERER of this great bleſſing. Let Dr. Haygarth's excellent regulations to prevent the ſpread of the caſual Small-pox, be fully and generally acted on wherever this dreadful diſorder makes its appearance: Let babes be regularly vaccinated in the firſt months of infancy, when we know they are but little ſuſceptible of taking on the infection of the caſual Small-pox, or other contagious diſeaſes: Let all the medical men in the kingdom, con-

cur in a firm determination, *not to inoculate with the Small-pox*, unleſs in particular ſituations, which ſhall be *unequivocally* underſtood and agreed on, (a conduct I have long obſerved, and ſhall, under my *preſent convictions*, invariably adhere to:) Let all the circumſtances of every queſtionable or ſpurious caſe be minutely inveſtigated, and fully and in the moſt public manner reported on, by an able and impartial committee appointed by general conſent for that purpoſe: Let the public mind be no longer diſtracted by the circulation of dreadful accidents, and numerous failures, which are ſo eagerly caught at, edited and improved by the ignorant and the prejudiced.

Were theſe, or propoſals like theſe, generally adopted, the extinction of the Small-pox in theſe iſlands would in a few years, very probably, be complete. It is difficult almoſt to believe, that there ſhould be a man of reflection or humanity in this country, who can contemplate, without enjoying the moſt lively and grateful emotions, the probable attainment or even diſtant poſſibility of ſuch an event. Yet are there ſome, who, with every information, or every means of information before them, and every way capable of appreciating the reſpective merits of Vaccination and the inoculated Small-pox, and of underſtanding thoſe vaſt national benefits and individual comforts that, in all human probability, would reſult from an excluſive adoption of the former, can deliberately and uniformly recommend the latter. Some, with a well feigned expectation of finding them, and therefore with an ingenious cruelty peculiarly their own, have ſought for on the heads of children lately vaccinated, the approaching horns, and at the ſame time have, with equally affected ſeriouſneſs, enquired if a ſomething had not been noticed in their voices, imitative of the bellowing of the cow. Theſe fooleries, as ſuch, though at firſt ſight moſt truly laughable and ridiculous, leave ſometimes indelible impreſſions on weak minds, and ſhould, therefore, be avoided; but ſeen in another point of view, they merit the ſevereſt reprehenſion. Great pains have been taken, — but I ought to make no common apology for admitting an expreſſion, which though it ſtrongly, and I believe, correctly conveys my meaning, favours of a pun, — great pains have been taken to de-Jenner-ate Vaccination and the Cow-pox. In ſhort, were I to detail half the anecdotes which have reached me, relative to the conduct of the enemies of Vaccine Inoculation, it would be ſeen, that no means have been left unattempted, to intercept a moſt bountiful gift of Providence, which it is certainly as much our intereſt as it is our duty, to receive with equal gratitude and reverence.

Mr. Ring, in the laſt Number of the Medical Journal, obſerves,

ſerves, I am afraid very juſtly, " That while unfavourable caſes are circulated *with great industry*, by *professed enemies of Vaccine Inoculation*, or *its pretended friends*, it appears to him, that the real friends of the practice, [illegible] a ſtate of falſe ſecurity, are become rather re[illegible]; and being convinced themſelves, imagine that the public are equally convinced. Hence they leave the field to their *more active opponents*, who *improve this favourable occasion to their own advantages.*" *On this occasion*, however, I am not aſhamed to ſay, that it has been my employment, and my greateſt pleaſure, daily to furniſh my medical friends and neighbours with the vaccine medium; to ſend it almoſt to every part of the adjoining counties, and, I believe, to every quarter of the globe; to reply regularly to numerous correſpondents who have ariſen to me from my attention to this ſubject; to invite the poor, and vaccinate gratuitouſly, all thoſe I have been able to convince, (I printed the encloſed note more than a year ago, but previouſly conſulted with, and invited, ſome medical friends, whom I moſt cordially eſteem, to join me; they did not, however, ſee the ſubject in the ſame point of view, and thought then that the introduction of the practice had better be left to the operation of time and circumſtance) than diſintereſtedly and obſtinately to combat prejudices and objections whenever I met them.

Although I have not, certainly, if I may judge myſelf, made this recapitulation from any motives of vanity, yet I ſhould be very glad indeed, if it could be ſaid with authority and with effect, to every medical man in the kingdom, " *Go thou and do likewise.*" Mr. Ring ſays, " That in order to decide this queſtion, if any gentleman who has infected two, ten or twenty of his own vaccine patients with variolous matter, will take the trouble of inoculating mine with the ſame, I will furniſh him with at leaſt a thouſand, on whom he may exerciſe his ſkill. This offer the opponents of Vaccine Inoculation, *and its pretended friends*, ought to accept, or in decency to be ſilent."

I am very willing to truſt the fate of Vaccination to the iſſue of repeated inoculations with the moſt active variolous matter, or of any other rational expoſures to the ſame principle, of as many of my vaccinated friends, or the boldeſt and moſt confident Anti-vacciniſt ſhall think proper to ſelect. The *genuine vaccine lymph* does, or does not, poſſeſs an abſolute preventive power againſt variolous contagion. Such a power is, or is not, a law of Nature. The protection, if it affords protection, cannot be caſual, it muſt be regular and determined. All our enquiries, all our analyſes, all our experience, all our knowledge of the oeconomies and analogies of Nature, confirm to us, in a language

a language not to be miſtaken, that there are impreſſed on all matter, original and immutable principles. The philoſophical chymiſt, in his moſt ſubtle and abſtract reſearches to explore the conſtitution and [illegible]ncies of the moſt extraordinary productions of Nature, will [illegible] the ſame experiments (repeat them as often as he pleaſes, if he repeats them accurately) invariably followed by the ſame reſults, the ſame affinities, the ſame relative proportions, &c. &c. There is not indeed any thing lawleſs in phyſic. This remark holds equally true in the eccentric comet, and in the moſt inſignificant atom in creation. It is impious to doubt it. Let all medical men, therefore, and ſurely they need no other ſtimulus than the recollection that nearly one thouſand human beings fall victims every week, in the united kingdom, to the ravages of the Small-pox, a calculation drawn from the faireſt and moſt indiſputable data. Let medical men, therefore, by a generous and emulative co-operation, bring this important queſtion to a deciſion; let an experiment be inſtituted on a large ſcale, by medical men and others, whoſe judgment, characters, and reſponſibilities cannot be called in queſtion; let every poſſible publicity be given to it, and let the EVENT definitively eſtabliſh, or totally aboliſh, the VACCINE INOCULATION. Moſt readily, indeed, I ſhould particularly deſire to bring forward *a most dearly beloved infant*, to make one, on ſuch a great and intereſting an occaſion.

Let me anticipate:—That if to preſerve and extend the population of a ſtate, is to preſerve and extend its beſt riches; if the removal of, perhaps, the greateſt from the long catalogue of human afflictions, is the accompliſhment of an event, which directly, or indirectly, will conduce to the comforts and happineſs of every fire-ſide, hitherto within the reach of the Small-pox, then will, moſt aſſuredly, national honours and national remunerations, both from public and private ſources, await the moſt fortunate man in the world. With pride, with juſt and national pride, we boaſt a Newton and a Harvey; poſterity, (and let us too, at leaſt, with equal pride) will boaſt a JENNER.

POSTSCRIPT.

MR. FUGE, a fellow-labourer in the ſame field, and who fills the very important ſituation of Firſt Surgeon of the Royal Naval Hoſpital at Stonehouſe with diſtinguiſhed zeal and ability, has juſt now favoured me with the following highly intereſting communication; and I am much obliged to Mr. Fuge for the handſome manner of conveying it.

"My

" My dear Sir, *Royal Hospital, Dec.* 8, 1801.

" I have great pleaſure in communicating to you a circumſtance ſtrongly illuſtrative of *the beneficial effects* of the Vaccine Inoculation. It furniſhes the moſt unequivocal evidence of its benign and ſalutary influences, and muſt be highly gratifying to a man, feelingly alive to the calls of humanity, and whoſe active and benevolent zeal has prompted him, with ſo much ability, to ſtep forward in ſupport of one of the greateſt gifts ever conferred on mankind.

Initiated among the earlieſt in the practice, I have had great reaſon to be ſatisfied with the proofs that have fallen under my own obſervation, againſt the ſubſequent agency of Variolous Inoculation; every impartial obſerver muſt know that its ſucceſs has been conſtant and invariable. I have known no inſtance of its failure, nor have heard of any to which the leaſt degree of credit could attach. I have only to lament, in common with the moſt reſpectable practitioners in theſe towns, that its importance is not duly appreciated. Averſe to all innovations, the public mind is not yet prepared to welcome ſo great a boon. Truth, however, muſt prevail; thoſe prejudices will gradually ſubſide, and its reputation be fixed on the moſt permanent baſis.

Mary Rogers, aged twelve, was admitted into a charity ſchool, at Plymouth, in July laſt, founded by Dame Hannah Rogers, for the education and ſupport of a limited number of girls. In the abſence of my ſon I was deſired to attend. She had been naturally weak, but was now ſo reduced in ſtrength, as in walking to drag one foot after the other; the muſcles of the neck ſeemed unequal to their ordinary exertions, and her chin actually reſted on her breaſt; belly tumid, quick pulſe, appetite near gone, a ſallow wan countenance; indeed, a general emaciation and muſcular debility was extreme, and the whole appearance indicating *not the smallest hope of recovery.* Believing it to be a caſe of tabes meſenterica, and ſuſpecting worms, repeated mild doſes of merc. dulc. and rhubarb were exhibited, interpoſing chalybeats and other tonics, with a generous diet of animal food, wine, and porter, with ſuch other auxiliary means as the caſe ſeemed to require. No worms were diſcharged, nor the ſmalleſt advantage gained, in more than ſix weeks; at which time, having learned that ſhe never had the ſmall-pox; knowing, alſo, that Vaccinia, when properly treated, leaves nothing injurious to the conſtitution; and believing, on the contrary, that I had *more than once* ſeen health improved by paſſing through the Vaccine Diſeaſe, I propoſed *(as my dernier resort)* to vaccinate her. The operation took place about the middle of September; it had all the characteriſtic

iſtic marks of legitimate diſeaſe in its progreſs and termination, with ſcarcely a perceptible conſtitutional affection. Subſequent to the Vaccine, in the following month, ſhe was ſubjected to the variolous infection, with no more than an accompanying local inflammation. By this time (*all medicines being discontinued* from the period of her firſt inoculation) her health was in a ſtate of progreſſive improvement; and though a fever of the typhoid kind affected many others in the ſchool, threatening to become general, ſhe only felt a trifling indiſpoſition for two days, and is now in the poſſeſſion of *good health.*

"The maſter, who is an intelligent man, is become a zealous promoter of the new inoculation, and upon all occaſions extremely eloquent in praiſe of it, will feel happy to add his teſtimony whenever called upon. My preſent avocation, and your deſire to be put in immediate poſſeſſion of this fact, will not allow me time to venture a conjecture on ſo remarkable a change ſuperinduced in the ſyſtem. The cauſe may for a while continue inexplicable; but inſuſceptibility of vaccinated patients to receive the variolous infection is a truth that muſt eventually triumph over every oppoſition. Believe me, moſt ſincerely,

Your's, &c.

SAMUEL FUGE."*

To Mr. Dunning, Surgeon,
Dock.

The preceding valuable caſe, with ſome others which I can adduce, and ſhall I hope ſoon offer the public, tend to countenance a conjecture which with great deference I threw out in my Obſervations on the Cow-pox, That poſſibly this benign yet powerful agent might be employed, with ſome faint proſpect of ſucceſs, in ſcrofula and incipient caſes of phthiſis; and to encourage even a wiſh, that as an auxiliary, the *Aura Vaccina of Vaccination* might be admitted, with the *Aura Vaccina of the cow-house*, on the liſt of thoſe new and ſtrongly combined forces, which the indefatigable BEDDOES is continually bringing up againſt theſe inſidious and fatal enemies of life. The Doctor has, with great independence of mind, levelled a blow at the ſhackles and unavailing ſlavery of routine practice, (in thoſe diſeaſes at leaſt) which will ſhake its foundations; and having alſo, on all occaſions, taught that the province of medicine muſt be a great and generous ſcience, never a contending trade, ſeems already to have deſerved that the epitaph, which he himſelf has ſo energetically drawn, ſhould hereafter be engraven on his own tomb:

"Sed iterùm, iterùmque precor, quod redeat ſerus in cœlis."

To

To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

AN ingenious Correſpondent requeſts, through the medium of your Journal for October laſt, to be informed, "Whether the virus of the Cow-Pox, taken after the formation of the areola, never produces the genuine diſeaſe? or, whether it only ſometimes fails?" To this enquiry you reply, in a Note, that "though you believe it will not always fail, yet that it is not to be relied on as a preventive of the Small-pox, even though it aſſume ſuch a ſtrong reſemblance to the genuine as not to be *diſtinguiſhed by any deſcription.*"

Encouraged by the attention you have paid to the above queſtion, may I be permitted to ſolicit your *reaſons* for denominating *my* Caſes of Cow-Pox, as related in a former Number of your very intereſting Journal, *ſpurious?* This appellation decidedly militates againſt the whole ſcope and ſpirit of the Communication, which is intended to repreſent them as *examples* of failure in the preventive influence of the *genuine* Vacciola. I was tempted to lay them before the public from the belief, that in this, as in other diſeaſes, where no *deſcribable difference* appeared in the phenomena, the *genuine* and *ſpecific*, and not the *ſpurious* or *imitative* ſpecies, exiſted. As, however, from the appellation affixed to the hiſtories alluded to, (Mr. S. on the *ſpurious* Cow-Pox) it ſeems that you were impreſſed with different ſentiments, allow me to aſk, as a counterpart to your Correſpondent's propoſition, Whether a *ſpurious* Cow-Pox can be occaſionally communicated by Vaccine virus taken *prior* to the appearance of the effloreſcence, as is acknowledged to be the caſe with matter procured *after* that period? And does the ſame *indeſcribable difference* obtain in reſpect to its ſymptoms, and is it equally fallacious with the imitative ſpecies produced by virus taken after the formation of the areola?

If theſe poſitions can be experimentally and unequivocally anſwered in the affirmative, my Caſes muſt be deemed *ſpurious*; and, as ſuch, I ſhall ſubſcribe to the propriety of their preſent deſignation, and to my own miſconception of their real character. I feel much intereſted in the ſolution of theſe queries, from having read in an extract from a little production on the ſubject of Cow-Pox, (lately publiſhed by the elegant and poetic pen of Dr. Lettſome) a direct aſſertion to the contrary.

I cannot diſmiſs this Paper without making it the vehicle of ſome curſory obſervations on the vague uſe of the epithet *ſpu-*

rious or *imitative*, as expreſſive of a deceptive ſpecies of Cow-Pox, and on the abſolute want of its diagnoſis.

"It is [illegible]rent abuſe of language," ſays Mr. Locke, "to make uſe of w[illegible] we have no fixed or determinate idea." I am appr[illegible]ve that if we examine ſcrupulouſly into the technical import of the terms ſpurious* and imitative, we ſhall find cauſe to ſuſpect their miſapplication in a critical and noſological ſenſe to the Vacciola; for what do theſe words imply, when uſed on other medical ſubjects? Do they not convey the idea of great *similarity*, rather than an *indescribable difference* in the features of a diſeaſe? Thus, *e. g.* we ſay that the Chicken-Pox is imitative of the Cow-Pox; the Rheumatiſm of the Gout, &c. Again, we annex the adjective *spurious* to a certain ſpecies of Pleuriſy. But in theſe inſtances the words have a fixed and determinate ſignification, becauſe all of them diſplay ſome diſcriminative ſymptoms, which will enable an attentive practitioner to diſtinguiſh each reſpective diſeaſe. What characteriſtics does the Cow-Pox furniſh, to lead to a conviction of its exiſtence? On this point we may ſay with Horace, "Decipimur ſpeciê recti." To call that an imitative or ſpurious complaint, which exhibits a concourſe of phenomena ſo truly indicative of the genuine, as not to be *distinguiſhed by any description*, is certainly a contradiction in terms, a diſtinction without a difference; at leaſt, the ſimilarity between the ſpurious and genuine Vacciola is ſo cloſe and intimate, that, like the lineaments of the Siſters in Ovid, a more than ordinary ſhare of refinement in the art of phyſiognomy and noſological diſcrimination is requiſite, in order to recognize the one from the other.

> "——— Facies non omnibus una,
> "Nec diverſa tamen."

Failures, I believe, are by the abettors of Vaccination, univerſally maintained to be the *poſſible* reſult *only* of the *spurious* ſort. Shall we then, notwithſtanding this momentous, and, I truſt, not forced declaration, lay upon our oars, ſuſpending our further reſearches, and beſtow our unqualified eulogium on this grand innovation, and yet tacitly acknowledge that we are not at

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* The Editors are convinced that they have ſometimes uſed the term *spurious* in a too general, and therefore in an incorrect manner.

There is a *spurious* puſtule which can be propagated by inoculation; but when the well conducted, or at leaſt well intended, endeavours of a careful practitioner, fail to produce genuine vacciola, the diſeaſe ſo produced ſhould be called *inefficient, imperfect, defective, &c.* in the firſt inſtance; and *spurious* only when the matter has been *taken* from a ſpurious or imperfect puſtule. This ſubject will be reſumed in a future Number.

at present in the possession of accurate criteria whereby to decide on its actual presence?

I shall beg leave to conclude these desultory remarks with the two following inferences.

1st. It appears from the above statement, that the terms *spurious* and *imitative* are used in a very vague, indefinite sense.

2dly, and principally. That a correct *definition* of the *spurious* Vacciola, expressive of the symptoms or appearances by which it is specifically distinguished from the *genuine*, is still a *great desideratum*; since, by the want of it, the practitioner is placed in a somewhat similar situation to that of a mariner at sea without his compass.

I am, &c.

Kegworth, Nov. 17, 1801. JOHN STEVENSON.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE success of Vaccine Inoculation has been commensurate with its progress; those who doubted, in the infancy of its introduction, availed themselves of actual experiment, and became, at an early period, true believers. Its strides were so rapid, that the jargon of ignorance has been long since silenced, and the promised cases which were to invalidate its security, collected by professional jealousy or personal animosity, are wisely withheld. It has the experimental sanction of all classes of society in our own country, the public testimony of our Navy and Army, and is becoming or become general in every part of the civilized world; and although to attempt a calculation of the immense number of lives it must be the cause of saving, to point out the horrid features of the loathsome disease it supplants; in short, to enumerate all or any of its advantages to a British Senator, would be only a repetition of what he has often heard, of that he is thoroughly convinced, yet has the Senate not voted its Discoverer a remuneration. The object attained must be of sufficient consequence to demand the gratitude of the nation; whilst foreign societies are striving, therefore, which shall first bestow honours on our countryman, let us no longer hesitate to vote him more solid benefits. But should the legislative body of this country still require more pointed testimonies, in favor of this new, mild, and efficaciously preventive disease, previous to its liberally renumerating

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the Diſcoverer, the ſuggeſtion of your Correſpondent, J. H. in your laſt number, certainly deſerves attention, as the univerſal conſent and adoption of medical men muſt be regarded as irrefragable evidence. To further this plan, I ſhould propoſe that a Committee be formed in London, who ſhall firſt announce their object, and receive ſubſcriptions to defray the expences of advertiſements, poſtage, &c. A ſufficient fund being thus obtained, the fulleſt and moſt unequivocally worded teſtimony in its favour ſhould be drawn up, and publiſhed a certain number of times in every London paper, requeſting the written approbation of thoſe medical men, from every part of this iſland, whoſe experience warrants their conviction to the full extent of the circulated paper; and with the addition of theſe names, the Committee ſhould lay the ſtatement before the Chancellor of the Exchequer, praying that the perſon to whom the whole world is ſo much indebted, might be amply rewarded by his own country.

It has been ſtated, as an objection to remuneration, that Dr. Jenner had ample field to make a large fortune by the diſcovery, which he neglected, whilſt others were reaping the advantage. This objection furniſhes an argument againſt itſelf, for it proves that the Doctor was ſpending that time in informing others, which he might, on a narrower ſcale of acting, have uſed to his own private emolument; and it is the fact, that the inſtant his experiments had convinced his own mind, he ſent the diſcovery to the world. This whole time, then, became occupied in removing the doubts, and in combating the prejudices of his brother practitioners. His rooms were crouded with interrogating viſitors, and his hands were filled with letters, which left him little opportunity of attending to his own private aggrandiſement. Dr. Jenner has acted as a man of ſcience; as a man, who, feeling warmly for the intereſts of humanity, preferred its ſafety and its comfort to any ſelfiſh motives: Such a conduct, it is feared, is too rare, but it cannot be too well rewarded.

Wotton-under-Edge, Nov. 19, 1801. D. T.

To the Editors of the Medical and Phyſical Journal.

Gentlemen,

In two of the late Numbers of your valuable Journal, I troubled you with a few Remarks on the utility of publiſhing an annual liſt of Medical Practitioners. My deſign has been happily

happily accomplished; the Editors of the British Almanack have been at considerable pains in collecting and arranging this list. But owing to a defect in their advertisements, and the late period at which they were published, a very great number of names must arrive too late for insertion. The list will be more complete in the future editions.

In this matter, however, there is [illegible] an abuse. Some of the Universities, which have obtained Charters from Government for the purpose of granting Medical Degrees, have so degraded themselves as to grant them to any person who can pay the common fees. A man with fifteen pounds in his pocket, and a certificate from two physicians, however contemptible in their characters, is a Candidate sufficiently qualified to obtain a Degree!

In the Universities of Edinburgh and Glasgow, a student cannot be admitted even to the Examinations without attending the whole of the medical classes for a certain number of years. After giving satisfaction on this head, he must next undergo a very severe examination. Besides, he must publish a Dissertation on some medical subject, and defend the doctrines he has advanced before the whole Faculty. For an account of the different trials they must go through, I refer your Readers to a very distinct account of it in the last volume of your Journal. (See No XXXII. p. 301.)

But at the Universities of St. A*******, and A*******, this is not the Case. Send the money and the *contemptible* certificate, and you have your degree by return of post. I say, *contemptible certificate*, for no man of character will be concerned, nor have his name seen in such disgraceful transactions. I have known the degree of Doctor of Medicine conferred on a man who had only studied one short season at the classes! I have known it conferred upon men who, I believe, never studied at all! I have known men who bore the honourable title of Physicians, prostitute their names in procuring such degrees for a small sum of money!

[To be continued.]

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* These terms, we believe, are not correct, and are certainly harsher than the cause of truth can ever require. ED.

State

State of the Patients admitted at the Bristol Dispensary, from the 1st of November to the 1st of December, 1801.

Anasarca	7	Febris Intermittens	2
Ascites	2	—— Puerperalis	2
Atrophia	1	Hæmoptœ	1
Bilious	1	Inflammation	1
Consumption	3	Ileus	1
Contusion	1	Peripneumonia	7
Cynanche Tonsillare	2	Phthisis Pulmonalis	1
Dysentery	6	Pleuritis	3
Diarrhœa	4	Syncope	1
Dyspepsia	3	Scrophula	2
Febris Simplex	9	Spasm	1
—— Scarlatina	2	Tussis	2
—— Typhus	32	Vermes	1

Though last Month's return of Typhus Fevers should not agree with the Editor's practical experience, yet I am sorry to say, that the veracity of the statement mentioned is no less correct.

As to the other query, the Editor's knowledge might not want this piece of information, (had he only taken the trouble to read the preceding page of his own Journal,) of the paragraph I am now answering to, or the note of the Bath City Dispensary.

Dispensary House, Dec. 11, 1801. W. D. ROLFE.

List of Diseases at the Bath City Dispensary, from November 1, *to December* 1, 1801.

Angina	1	Petechia sine Febre	1
Anasarca	6	Pleurodyne	2
Contusion	1	Psora	2
Catarrh	5	Rheumatism Acute	5
Chlorosis	1	Synochus Biliosa	23
Diarrhœa	2	———— Cholerica	1
Erysipelas	1	———— Dysenterica	2
Enterodynia	1	———— Enteritica	1
Febris Intermittens	1	Syphilis	2
Gastrodynia	7	Suppuration	1
Hæmatemesis	1	Strain	2
Menorrhagia	1	Tumor	1
Peripneumonia Notha	1	Tinea Capitis	1
Pertussis	1	Variola	1
Phthisis Pulmonalis	4	Ulcerated Leg	1
Pulmonary Complaint	1	Vermes	1

It will appear from the above ſtatement, that the Bilious Fever has decreaſed ſince the laſt report. In ſome inſtances Typhus has evidently been combined with it. At preſent, pulmonary complaints are the moſt prevalent.

Bath, December 11, 1801.

Account of Diseases in an Eastern Diſtrict of London, from the 20th of November to the 20th of December, 1801.

ACUTE DISEASES.	
Typhus	7
Peripneumonia	3
Pleuritis	2
Dyſenteria	6
Cholera Morbus	2
Rheumatiſmus Acutus	3
CHRONIC DISEASES.	
Peripneumonia Notha	4
Tuſſis	20
Dyſpnœa	15
Tuſſis cum Dyſpnœa	10
Raucedo	3
Pleurodyne	4
Phthiſis Pulmonalis	2
Aſthma	1
Hydrothorax	1
Anaſarca	2
Vertigo	5
Cephalalgia	7
Ophthalmia	2
Epiſtaxis	2
Otorrhœa	1
Hæmorrhois	4
Chloroſis	3
Amenorrhœa	7
Dyſmenorrhœa	2
Vomitus	3
Rheumatiſmus Chronicus	20
PUERPERAL DISEASES.	
Menorrhagia Lochialis	3
Enureſis	1
Rhagas Papilæ	3
Dolores Poſt Partum	2
INFANTILE DISEASES.	
Aphthæ	4
Vermes	3
Diarrhœa	2
Pertuſſis	4

In the hiſtory of the diſeaſes referred to in the foregoing liſt, nothing has occurred that deſerves particular notice. Thoſe complaints which moſt commonly prevail in the autumnal months are now ſubſiding, and are ſucceeded by different affections of the pulmonary ſyſtem, which generally conſtitute a large proportion of the liſt at this ſeaſon of the year. The ſeverity of froſt has occurred more early than uſual, and has increaſed the number, and aggravated the ſymptoms of thoſe complaints which have their ſeat in the cheſt; they have yielded however in general, to the common mode of treatment, aſſiſted by an attention to regimen and diet.

Diseases admitted under the Care of the Phyſicians of the Weſtminſter Hoſpital, from November 26 *to December* 26, 1801.

Continued Fever	15
Intermittent	1
Pleuritis	2
Eryſipelas	1
Cynanche	3
Anaſarca	0
Anorexia	2

Ascites	1	Icterus	2
Asthenia	3	Impetigo	5
Asthma	2	Lepra Græc	1
Catarrh	7	Lumbago	2
Chorea	1	Menorrhagia	1
Colic	1	Palpitatio	1
Diarrhœa	14	Paralysis	2
Dysenteria	3	Pertussis	2
Dyspepsia	11	Pleurodyne	5
Dyspnœa	3	Procidentia	2
Dysuria	1	Prurigo	1
Enterodynia	3	Rheumatism	10
Epilepsia	1	Scabies	1
Erythema	2	Sciatica	2
Gastrodynia	1	Struma	1
Hæmatemesis	1	Tinea	2
Hæmoptoe	1	Tremor	1
Hæmorrhois	2	Tussis	17
Hemicrania	1	Tympanites	1
Herpes	2	Vertigo	3
Hydrocephalus	1	Vomitio	3
Hysteria	5	Urticaria	1

The great decrease in the number of Continued Fevers since the last account, is the regular and usual effect of change of season in London. During the months August, September, October, and November, our only fevers are Synochus Biliosa. Typhus is almost unknown at those times, because the causes of it seldom occur. But as soon as the cold weather of winter sets in, and the poor begin to shut themselves up in their unventilated garrets and cellars, then Typhus appears, and continues through the spring. This species of fever is principally distinguished here by the following marks. It supervenes by imperceptible degrees; when formed, the general debility, desponding countenance, feeble pulse, tendency to delirium, and dry, hard, brown or black tongue, which trembles on being thrust out, strike the attention of the practitioner. It appears always to arise, in the first instance, from the miasma generated by the living human body, and afterwards to be propagated like other contagious diseases.

The Synochus biliosa, on the contrary, commences with chillness or shivering, is not contagious, and the tongue is never dry and hard, as if baked, but moist, and covered with a buff-coloured furr. We are sensible that these prominent marks admit of exceptions; but we deem them sufficient to convey our meaning, and hope the example of Dr. Girdlestone will be followed by our other Correspondents. [*See Address to Correspondents at the end of this Number.*]

To

To Dr. BRADLEY.

Dear Sir,

IN giving the following Case, I faithfully transcribe the minutes taken by the physicians and surgeons of the General Hospital, Nottingham, under whose immediate care the patient (Kate Hudson) was received at her different admissions. As at some periods of her disease, frequent consultations were held, the minutes were more carefully made and preserved at those periods; while at others, when the symptoms were considered as less urgent, little, or very unsatisfactory, notice is taken of them. To this may be added, the unfortunate loss of one of the books, to which I was in consequence excluded a reference at the time I collected the case into my Place-book.

I had formerly mentioned the outlines of the case to many professional men, who held deserved rank in the medical world; and of whom I might say, with Cicero, that they were

"Interiores et reconditæ literæ."

I, however, found that the tide of skepticism might hurry me into endless controversy, without a prospect of any practical advantage being derived from the discussion. With these impressions I hesitated to make the case public (as it was my intention to have done at the Lyceum Medicum, in 1792) well knowing that

"Philosophi ætatem in litibus conterunt."

Nor do I know whether the more general candour which prevails among medical men at this time, in the reception of unique cases, will lead you to admit this into the Medical Journal, neither am I anxious to press its introduction; if rejected, it may add to your own private collection. Suffice it to say, in respect to the facts it contains, that Dr. Storer, Mr. Wright, Mr. Bigsby, Mr. Attenborrough, Mr. Thompson, and every other professional man in the town of Nottingham, who were resident there at the time, are in full possession of the case, and are at liberty to confirm or contradict any part of my statement, according as I may be found correct or otherwise. I believe it was the intention of Doctor Snowden White, then senior physician to the Hospital, to have published the case; but his premature death from phthisis hæmoptoïca, I suppose, prevented his carrying his intention into execution. It has, therefore, hitherto been but lamely communicated to a few practitioners; nor can I detail it in the manner I could wish, for reasons already given.

The preſerved facts of the caſe are before you; and for their being facts, I might pledge myſelf to you in the language of Terrence,

"Liquet mihi dejerare."

I have the honour to be, &c.

16th Nov. 1801. HUGH MOISES, M. D.

KATE HUDSON, a ſingle woman, aged 31, was admitted into the General Hoſpital, Nottingham, on the 4th of Auguſt, 1783, for an inflammatory affection of the right arm; her uſual occupation had been that of ſweeping the pews and aiſles of a church.—On inſpection of the arm two needles were diſcovered under the ſkin, a little above the dorſal ſide of the wriſt. They lay in a tranſverſe direction, and were readily extracted by puſhing the points through the ſkin and laying hold of them with a pair of forceps. Upon a more minute examination, ſome more needles were felt about three inches higher up the fore arm, but farther back than the others, and more over the flexor muſcles; theſe lay longitudinally, and appeared to have their heads downwards. Theſe needles were extracted as before, a ſmall puncture with a lancet having been previouſly made. (Of the number of the laſt-mentioned needles, I find no mention.)

Aug. 6th. Another needle is felt very plainly a little below the former place.

7. The nurſe, in attempting to extract one from her leg, has broken it, and left part of it in. A large needle has been taken away from her foot, which was laying acroſs her inſtep, and among the tendons.

Oct. 11. A very large darning needle was this day extracted from her right breaſt, ſeemingly buried within a part of the gland; thinks ſhe feels another needle very deep ſeated under the gland in the middle of the breaſt; complained of great pain in the breaſt after the removal of the needle, which, in about an hour afterwards, became ſo exceſſive as to throw her into convulſions.

℞. Tinct. fœtid ʒvj. aq. puleg. ſimp. ℥ij. tinct. theb. gt. lx. M. capt. ℥ſs. ſtatim et repet. omn. dimid. hor. durante paroxyſm. hyſteric.

Nov. 1ſt. The convulſions have continued at periods till now; the needle ſtill appearing to lie very deep within the breaſt; and about three days ago her jaws became locked; very weak and low; pulſe ſmall and weak; made an inciſion quite through the breaſt, and extracted a large needle which adhered to the tendinous faſcia covering the pectoral muſcle; afterwards brought

brought the lips of the wound together by adhesive plaisters. (From this last report I find none other until)

Jan. 12th, 1784. Has now very severe pains in the breast; apply Goulard's fomentation sprinkled with laudanum. Capt. mist. cathat. ℥iss. pro re nata.

15th. Took her purging medicine last night, which had no effect; fomentation increased the pain; omit it. — ℞. Infus. senn. com. ℥v. tinct. senn. ℥ij. jalap ʒj. tart. solubilis ʒij. ft. Mist. aperient. capt. ℥jss. cras mane hora 7ma. Touch the fungous ulcers with the weak solution of lunar caustic.

19th. ℞. Pulv. cort. peruv. rubr. ℥j. capt. ʒj. hora 7ma. et 11ma. mane in lactis vaccinæ.

24th. Omitt. pulvis. — ℞. Infus. cort. peruv. frigid. ℥x. tinct. cort. peruv. c. ℥ij. M. capt. ℥jss hora xima. mane et 4ta. P. M.

27th. Infusion does not agree; omit it.—℞. Ext. cort. peruv. ʒj. ft. pil. xij. capt. ij. hora 11ma. mane et 4ta. P. M.

31st. Pills disagree; breast healing; and a needle now perceptible on the interior side of the breast.—℞. Ext. cicutæ ʒss. ft. pil. xvj. capt. j. ter in die, dos. augend. pro re nata.

Feb. 3d. Passed a pin yesterday by urine, which was not coated, or particularly corroded; and this day, with the same excretion, passed a needle.—Solut. g. arab. c. pro potu commune. Had much pain in the sphincter vesicæ before and during the passage, and the urine bloody, though less so to day.—Cont. pil. modo capt. jss. hor. somn

5th. Passed another needle yesterday by urine; is faint and low.—Omit. pil. — ℞. Julep. cardiac ℥vj. tinct. theb. gt. xl. M. capt. ʒj. aggrediente languore et repet. pro re nata.

11th. The breast healing fast, less pain, and the needle not easily distinguishable; has had pain in the throat and vomiting, which brought up blood; feels still an obstruction in swallowing.—Cont. solut. g. arab. et mist. cardiac, pro re nata.

12th. Brought up a needle by vomiting.—Cont. potus commune.

14th. Had a needle extracted from her breast.

16th. Complains of pain in the lower part of the thorax, betwixt the ribs, but nothing to be felt.

19th. Pain now in her breast, as when a needle was there before; that between the ribs gone off.

23d. Much as she was.—℞. Julep. cardiac. ℥vj. tinct. theb. gt. 80. M. capt. ʒj. aggrediente languore vel urgente dolore.

26th. Two days ago the whole of the breast began to be inflamed, and the inflammation continues.—Capt. mist. purg. statim. Cont. solut. g. arab. pro potu.

March 3d. Inflammation gone off.—Cont. pot. commune, pro re nata.

8th. Still complains of pain deep seated in her breast, which prevents her resting.—Capt. julep. card. anodyn. ℥j. hora somn.

11th. Pain still continues.—Capt. julep. card. ℥ss. o. n. h. s. aa. tinct. theb. gt. xxv. augente dos. pro re nata.

16th. Pain continues.—Takes tinct. theb. gt. c. Cont. pro re nata.

19th. The needle in the breast to be extracted.

22d. It passed into the thorax during the operation; part of the gland, which was schirrous, was removed.—Capt. julep. anod. urgente dolore.

26th. No pain from the needle; breathing easy.—Cont. med. pro re nata.

29th. Felt the needle in her stomach, and threw up a considerable quantity of congealed blood.

April 5th. Has had no pain from the needle since last report; breast healing.

8th. Continues mending; no symptom of any more pins or needles.

26. Quite well; dismissed cured.

May 7. Is re-admitted; about a week since was taken with pain, a pricking sensation at the stomach, and vomited a matter which consisted of a solution of a pin similar to what she passed by urine, with some streaks of blood, attended with external inflammation, with two small ulcers, which are now much better.—Ex ungt. alb. vel neutral. empl. applic. Ordered common diet, with solutio g. arab. c. pro potu commune sumat. aq. mephit. alk. ℥j. statim et omni 5ta. hora repet. superbibend. succi limoni ℥ss.—℞. Tinct. theb. gt. xx vel xxx. hora somni sumend. et gt. x. repetend. pro re nata urgente dolore, si vomitu rejicitur tinct. theb. capt. extract. opii gr. j. vice.

10th. Last night took tinct. theb. gt. lxxx. Procured no rest; complains of great pain in the stomach, and thinks she feels two or three pins or needles, and that they change their position.—Capt. tinct. theb. gt. xx. urgente dolore et repet. pro re nata.—℞. Decoct. tamarind ℔j. manna ℥j. M. capt. q. s. in die ad solut. an. alv.

11th. Brought up three pins, two corroded, one not much so.

13th. ℞. Empl. ex. ammon. cum merc. ʒvj. opii, camphoræ aa ʒj. M. ft. empl. later. dolent. applicand.

17th. Plaister taken off; pain was relieved by it; but the part sore and a little ulcerated; stomach yet sore.—Cont. med.

21st.

21ſt. Yeſterday threw up matter ſimilar to what came from her ſtomach when the pins were there; complains of much pain in her ſtomach, but no pricking feel, except when preſſed; feels as if matter diſcharged from the part into the ſtomach; jaw locked, and a little ſubſultus tendinum.—Capt. tinct. theb. gt. xxx. in pauxil. ſolut. g. arab. c. et repet. pro re nata.—℞. Ungt. merc. fort. ℥j. camphor. tinct. theb. aa. ℨj. M. ft. lin. fricand. ſcrob. cord. et fauces ter 4terve in die. Ordered milk, whey, butter-milk and water, and weak broths frequently for diet.

22d. Had very little reſt during the night; early in the morning got up and took three tea-ſpoons full of tinct. theb. without any ſenſible effect; had frequent ſpaſms in the courſe of the day; went into the warm bath this evening; was very faint and much convulſed on coming out, afterwards conſiderably better; took the following bolus about eight o'clock. ℞. Calomel gt. x. opii, gr. j. ft. bolus.

23d. Has had a tolerable night's reſt; bolus has not purged her; thinks herſelf much eaſier; no relaxation of the jaw; repet. bolus ſtatim ſine opio; has much pain and ſubſultus tendinum; repet. baln. tepid. et bol. cum opio par ſomn. augente ſubſult. tend. capt. tinct. theb. gt. lx. et repet. pro re nata, ſi non ſolut. eſt alv. cras mane capt. miſt. purg. autea præſcripta.

24th. Somewhat freer from pain this morning; has had ſeveral ſtools from the bolus; went into the warm bath, and was much better after it; has taken the tinct. theb. three times.

25th. Has brought up a conſiderable quantity of matter ſince laſt night; much relieved from pain, but no relaxation of jaw. Solut. g. arab. c. ſine nitro pro potu. capt. tinct. theb. gt. xxx. pro re nata et decoct. aperient. cras mane ſi conſt. alv.

29th. Feels more pain at her ſtomach, as if there were pins and needles; ſickneſs and vomiting; jaw looſer.—Cont. pot. purg. et tinct. theb. gt. xxv. aggrediente ſpaſm.

June 2d. Yeſterday brought up a pin; ſtill feels pain and pricking at her ſtomach; coſtive.—Capt. miſt. purg. ſtatim. Cont. med.

3d. Brought up four pins together, and one ſingly before theſe.—Cap. miſt. purg. ſtatim.—Drink warm gum water.

6th. Feels no pain but ſoreneſs.—Cont. med.

9th. Complains of pain in left breaſt; apply linen dipped in Goulard's water, and ſprinkled with laudanum.

14th. Fotus of no ſervice; opening mixture does not agree. ℞. Aloe ſocotrin. rhei, ſaponis aa ℨj. ol. junip. q. s. ft. pil. xxxvi. capt. iij. conſtipat. alv.

Stomach much ſwelled and hard. ℞. Ungt. merc. fort. ℥j. opii

opii camphoræ a. ʒj. M. fricand. omni nocte et mane ſcrob. cordis.

17th. Much pain in her ſtomach; two pins or needles to be felt on each ſide of her ſtomach. Capt. opii gr. j. aggrediente dolore et rep. pro re nata. Cont. pil. aper. pro re nata. Omitt. ung. One needle taken out this day.

29th. Diſmiſſed, relieved.

Aug. 11th. Re-admitted. On Friday laſt threw up a pin from her ſtomach; ſince eaſier there, but had pain in right breaſt. One needle taken out from the ſurface, but has continued pain from one deep ſeated in the ſame breaſt, with ſpaſms, and jaw ſtiff. Rept. pil. purg. ut Jun. 14, præſcript conſtipat. alv. ſumend. Capt. tinct. theb. gt. xxx. hor. ſomni et rep. omni 3tia. hora perſtante dolore et ſpaſmo. Warm bath this evening.

16th. Spaſms have been ſevere, and has taken the laudanum to the amount of 500 drops; took yeſterday, opii gr. ij. omni 2da. hora. No pain except in breaſt. Cont. tinct. theb. ut antea, et pil. purg. pro re nata. Warm bath whenever the ſpaſm or pain increaſes. Tinct. theb. gt. xxx. omni hora valde urgente dolore.

20th. Great pain in breaſt, and in jaw, which was locked; general convulſions and violent. ℞. Calomel ℈ſs. opii gr. ij. muc. g. arab. q. s. ft. bol. ſtat. ſumend. et 4ta. quaque hora repetend perſtante ſpaſmate. Warm bath ut antea.

22d. Took a bolus on Friday, went into the warm bath, and was much relieved; repeated bolus twice on Saturday, and one laſt night, uſing the warm bath. A ſplinter came away from the inner angle of the lower jaw on the right ſide; body open and jaw quite relaxed; no ſpaſm, but violent pain in her breaſt. Rep. bol. et bain. calid. pro re nata.

26th. For ſeveral days has complained of great pain in her breaſt; and deſcribes it to be as if ſeveral pins were lodged in the mamma and pectoral muſcle, and lying between the two ribs.

Aug. 30th. The right mamma was extirpated this day, in the middle of which a needle was found cloſely impacted; an hæmorrhage taking place in the evening, the dreſſings were removed, and a ſmall artery was taken up; a pin was found in the dreſſings.

Sept. 4th. Complained of pain; the dreſſings were partially removed, and another pin was ſticking to the dreſſings; four other pins were alſo diſcovered in the wound, which were removed without difficulty. One of the pins having loſt the head, her perception was ſo accurate as to diſtinguiſh it before removing the dreſſings.

6th.

6th. On removing the dreſſings two pins were found adhering to them. She reſted well, and has loſt every ſymptom of ſpaſm or pain, except what is in conſequence of the operation.

7th. Two more pins were found lodging on the dreſſings this day, together with a plumb ſtone which ſhe ſwallowed two days ago No fever, but her ſtomach rejects whatever medicine is offered. B. bat aq. mephit. ſimp. pro potu.

8th. The food taken came away from the wound in the form of poultice.

9th. Complains of ſlight degree of pain in different parts of the breaſt. The wound in a healing ſtate.

10th. No material alteration.

11th. The food ſwallowed ſtill continues to work out at the wound, iſſuing from a ſinus very ſmall, and covered with granulations acting as a valve to it. Ordered to eat no animal food, or dry bread, but live only on milk diet in different forms, with ſago and rice. Port wine ℔ſs. per diem.

12th. Complains of much pain, which ſhe thinks is owing to a piece of bone working its way along the ſinus to make its exit at the wound. The piece of bone ſhe imagines is about half an inch long, and rather thick.

13th. This morning came away exactly as ſhe had deſcribed it, and appears to be part of one of the ribs; ſhe ſtill complains of much pain, and thinks there is another piece of bone making its way to come out. This evening the other piece of bone came away, covered as ſhe had deſcribed it; and appears to be the end of one of the ribs, covered with a vaſt number of inſects of the grub kind.

14th. A great number of grubs came away with the dreſſings this day

15th. A ſmall piece of bone came away with the dreſſings; complains of much pain, as if there were ſeveral more pieces to come away.

16th. This morning another piece of bone came away, rather larger than that of yeſterday.

17th. Complains of much pain and prickings in the part; food paſſes through the ſinus.

18th. Two pieces of bone came away covered with a cartilaginous ſubſtance; from the kind of pain ſhe feels, thinks there is another *large* piece of bone that will ſoon come away.

19th. This morning the large piece of bone came away as ſhe had deſcribed it; is much eaſier; almoſt every thing ſhe eats or drinks ſtill eſcapes through the ſinus.

20th. The wound looks well; no food has paſſed the ſinus to-day.

21ſt. This morning four ſmall pieces of bone came away, and

and there was alſo a conſiderable quantity of food on the dreſſings; not ſo faint and low.

22d. Five ſmall pieces of bone and a quantity of food came away with the dreſſings.

23d. She is much eaſier to-day, and very little food has paſſed through the ſinus.

24th. Paſſed no food through the ſinus ſince yeſterday, and takes it freely; thinks the rib, from which the exfoliation has taken place, is now detached from the back bone.

27th. Does not take food ſo eaſily; it is heavy at her ſtomach, and occaſions nauſea, but does not paſs through the ſinus; the rib feels to her as though it were broken into ſeveral pieces. One piece of carious bone came away this day.

30th. One piece of bone came away on the 28th; could take no food; was ordered nutritive clyſters of milk and broth. Yeſterday two bones came away, portions of rib; feels as if more were lodged at the œſophagus; feels as if a gathering was coming on lower on the ribs; chillineſs and ſhivering at times; clyſter came up in part at her mouth, and gave her pain; leſſen the quantity, and repeat them. Took gt. xxx tinct. theb. laſt night, but no reſt. Rept. tinct. gt. xxx hor. 8va. et gt. xv hor. 11ma. perſtante dolore. Three pieces of carious rib came away this morning.

Oct. 1ſt. This morning *thirty-four* pieces of bone were working their way through the ſinus. Took a ſmall quantity of bread and wine laſt night, which greatly refreſhed her; eat ſome bread and milk for ſupper with ſome degree of appetite.

2d. This morning was conſiderably better; was got up, and walking about the ward in good ſpirits. After the wound was dreſſed was ſeized with ſpaſmodic affection of the lungs, almoſt producing ſuffocation, which was ſucceeded by rigor and fainting. No bone or aliment came away with the dreſſings. In the afternoon and evening was much better.

3d. Continues nearly the ſame as yeſterday.

4th. The food ſhe takes paſſes off by ſtool ſoon after ſhe has taken it; ordered to eat rice gruel as her principal diet; take from 20 to 80 drops of laudanum half an hour before ſhe eats any food.

5th. Food continues to paſs undigeſted, almoſt as ſoon as taken. The laudanum has not had any ſenſible effect.

6th. This morning a portion of bone, about three quarters of an inch in length, of a curved form with points, was diſcharged by ſtool, ſince which ſhe has been free from pain, and breathing eaſier.

7th. Took 80 drops of tinct. theb. without the leaſt effect; complains

complains of frequent rigors, ſucceeded by heat, ſeveral times a day.

8th. Laſt night and this morning has taken 90 and 100 drops of tinct. theb. without any effect whatever. Can get but little reſt, from a univerſal ſoreneſs of the right ſide, which ſhe deſcribes as if her ribs were falling out of their ſockets. Omit. tinct. theb.

12th. Had nothing come away from ſore till to-day a few pieces of bone, (no *number* ſpecified in my minutes); has had cough, and expectorated dark fœtid matter, but not to-day; complains of great pain in the ſtomach, as if a large piece of bone was there; food paſſes off quick as before.

14th. This morning brought up a large piece of bone; complains of great ſoreneſs of the œſophagus; food continues to paſs unaltered, and almoſt immediately after being ſwallowed.

15th. Food ſtays longer. Cont. ſolut. gummi pro potu commune.

19th. Feels now as if pins, or a piece of bone, were penetrating the bladder, or the right ſide near the neck of the bladder.

21ſt. This day paſſed a piece of bone by urine.

25th. On Saturday and yeſterday ſhe threw up blood, liquid, not congealed, ſhe thinks about a tea-cup full. Complains of pain in her ſtomach, but not as if any extraneous ſubſtance was lodged there.

28th. Conſtant nauſea and vomiting on taking food; feels ſomething thick and long, which ſeems to come to her throat, afterwards returns to the ſtomach, and lies heavy on the left ſide of her ſtomach.

Nov. 1ſt. Symptoms as before, only yeſterday morning a red ſpot or two on the right breaſt, very ſore and inflamed; has now the appearance of an eſchar, and covers the upper part of the breaſt; no ſenſation as of pins or needles, or any irritating ſubſtance in the breaſt; frequent chillineſs and heat. Capt. julep. ſalin. ℥j. 4ta. quaque hora.

4th. Throws up food and medicines; eſchar ſloughed off; otherwiſe as before.

9th. Breaſt healing on the outſide, but yet feels pain internally, as though there were bones in it; takes food better, and it ſtays with her.

11th. Complains greatly of the heart-burn; a thin diſcoloured matter diſcharges from an ulcer in the breaſt. ℞. Miſt. cretac ℥vj. magn. alb. ʒj. M. capt. coch. j. urgente cardialgia.

15th. Cardialgia ſtill continues. ℞. Sal. ſodæ ʒij. aq. menth. pip. ℥xij. M. capt. ℥ſs. ter die. Felt as if a bone roſe

from her ſtomach; ſhe thinks the bones came from the left breaſt, which is now healed excepting a ſmall ulcer.

18th. Still complains of heart-burn. Rept. Miſt. modo adde ſal. ſod. ʒj. Breaſt almoſt healed. Brought up two ſmall bones yeſterday.

20th. Complains of rib on the left ſide, under the breaſt, feeling as if it was ſplintered; heart-burn continues. Capt. magn. alb. calcin. ℈j. cum. ſing. dos. miſt. ſalin.

23d. Had pain in her jaw, and ſtiffneſs; went into the warm bath, which relieved her. Rept. baln. pro re nata. Cont. miſt.

27th. Complains as before, only more pain in breaſt, and vomiting; leſs cardialgia.

Dec. 1. Breaſt very painful; no cardialgia; ulcer on the breaſt; food ſtays; body open.

8th. For the laſt ſeven days has had almoſt conſtant ichorous diſcharge from the breaſt, with the uſual eryſipelatous appearance, attended ſometimes with great ſickneſs.

9th. Yeſterday diarrhœa came on, with diſcharge of matter. ℞. Julep. c. creta. ℔ſs. pulv. c. creta. c. aa. opii ʒij. M. capt. ʒj. poſt ſingulas ſedes liquidas.

17th. Purging has ceaſed; ſtill complains of much pain in the breaſt, and acid on the ſtomach. Rept. miſt. ſalin. ut antea.

23. Complains of much pain in her arm and ſhoulder. App. Emp. epiſt. part.

26th. Complains of pain in her breaſt, but much eaſier ſince the application of the bliſter. Diſmiſſed, cured.

March 8, 1785. On re-admiſſion ſhe complains of great pain in the left eye, that ſhe deſcribes as proceeding from her breaſt on that ſide. The eye-lid much ſwollen and inflamed, and one part of it has put on the appearance of eſchar, that has been obſerved in other parts of the body to terminate in excoriation.

11th. The right eye is now in the ſame ſtate as the other, and equally painful. Appl. hirud. iij. ad tempor.

14th. A conſiderable quantity of blood was taken by the leeches. The ſwelling and inflammation is nearly gone.

21ſt. She has complained of pains in the right ſide for ſeveral days, extending along the courſe of the right ureter, and this morning ſays it has ſtopped the diſcharge of urine. On examination, a piece of bone was found lodged in the upper part of the vagina, on the right ſide of the os uteri, and was extracted.

30th. To this time the ſymptoms have remained much the ſame, and five pieces of bone have been extracted at different times,

times, ſince the 21ſt inſtant. N. B. One of the pieces was found making its paſſage into the vagina, at the part above mentioned, and after extraction the aperture was large enough to admit the point of a finger.

(From this report I do not find any minute until)

Oct. 18, Diſmiſſed, cured.

Jan. 3. Re-admitted; fell down ſtairs; head and ſide much bruiſed; ordered to have the head ſhaved about the part affected, and covered with empl. neutrale. ℞. Infus. ſen. ℥iij. tinct. ſennæ ℥j. ſal. cath. amar. Mannæ aa. ℥j. tinct. jalap ʒſs. M. capt. ℥iſs. 4ta. quaque hora donec alvus ter depon.

℞. Vin. antimonial, tinct. theb. aa. ʒij. M. capt. coch. j. parv. hora ſomni exhauſtu commun.

Feb. 3. Extracted four bones from the vagina, the whole about an inch long, to appearance exfoliations of the ribs. Complains of great pains in the ſide, as if more bones were making their way downwards. Cutaneous ulcerations of the legs.

℞. Julep. card. ℔ſs. capt. ℥j. 3tia. vel 4ta. quaque hora languoribus. Capt. tinct. theb. gt. xxx. h. ſ. ex julep. card. ʒjſs. et repet. gt. xx. poſt horas 4tas dolor urgente. Bowels open; makes water.

4th. Extracted three bones laying acroſs, and conſiderably farther within the vagina. The laſt bone ſeemed to be retained about half its length within the ſinus, from which they are ſuppoſed to make their exit at the lower part between the os uteri and rectum. Great pains of ſide and ſtomach; alternate chills and fluſhing; tongue white and furred; no appetite. Capt. tinct. theb. gt. xxx. et vin. antim. gt. xx. ex ſingulis doſibus, repet. julep. card. pro re nata ut antea.

17th. After making water complains of lacerating pain of the right ſide, as if pieces of bone were ſtill moving downwards to the vagina, and having alternate ſymptoms of pyrexia, ſickneſs, pain at the ſtomach, &c. with hardneſs and ſwelling externally, where ſhe ſuppoſes another needle to be deep ſeated; ſhe thinks ſhe can fully diſtinguiſh its form and points. Several pieces of bone of unequal ſizes, ſome one inch in length, and half an inch in breadth, (about twelve in number) in their appearance like a divided portion of rib, putrid, blackiſh, and covered with offenſive matter, ſome of them partially remaining within the ſinus, betwixt the rectum and uterus, others looſe within the vagina, have been extracted at different times ſince the 4th.

Upon examining the matter brought up by vomiting, ſome ſmall inſects were obſerved in the maſs, which was of a darkiſh colour, very low and weak.

 18th.

18th. Still complains of violent pain, as if more bones were paſſing. Extracted three pieces; within the middle of one portion (to appearance rib) of about ¼ of an inch in length and ½ an inch in breadth, a large pin was found running longitudinally through part of its ſubſtance, and firmly impacted. She thinks more bones are working downwards the ſame way.

19th. Extracted a very ſmall needle from the fore part of the leg, near the outer ancle; and from the deep-ſeated pain near the ſame part, ſhe fancies a pin is lodged. The eryſipelatous ulceration, which affected the greateſt part of the leg, has entirely gone off.

20th. Have extracted another portion of bone, nearly one inch in length and ½ an inch broad, from out of the vagina, having two pins running parallel to each other, in the ſame manner as in that of the report of the 18th. Feels more bone. The former ſymptoms ſtill continue; ancles œdematous at night; cannot ſleep for pain, or retain any ſolid food whatever. Cont. julep. card. et tinct. thebaic.

25th. Complains of very lacerating, pricking pain all laſt night. Have removed a portion of bone, having a pin running through its ſubſtance longitudinally; and another portion, ¾ of an inch in length and ½ an inch in breadth, with a pin running tranſverſely through it, forming a right angle. Had a ſtool, which was ſtreaked with blood; a continued diſcharge of pus, black and fœtid, from the vagina; ſtill complains of pain in the ſide, ſtomach, &c. with ſickneſs as before.

March 3d. Removed two narrow portions of bone, about 1 inch in length and ¼ inch in breadth; one portion having two pins impacted longitudinally, the other only one. Thinks the whole of the looſened bones from the ribs are diſcharged, as ſhe is free from lacerating pains; other ſymptoms continue; gets little or no ſleep.

5th. Complains of pain in the bowels, as if a bone was paſſing through them; ſtools very black; ſeveral of them in a day, with grubs, the ſame as in the matter vomited before. The ſtools ordered to be ſaved for examination.

8th. Upon examination the ſtools were found very black, and a pin was diſcovered at the bottom of the veſſel, diſcoloured, and ſeemingly in part diſſolved by a menſtruum.

10th. Shortneſs of breath when lying; the legs, thighs, and ſkin of the breaſt œdematous; great diſtention and hardneſs of the ſtomach and abdomen; has paſſed no urine theſe three days. Capt. ſpt. nitri dulcis cochl. min. j. 3tia. vel 4ta. quaque hora. The nitrous ſpirit cauſed vomiting, by which a quantity of ſaline taſted water was ejected from the ſtomach. Now more eaſy.

11th.

11th. One quart of water was drawn off by the catheter.

14th. Feels very great fulneſs with load at ſtomach; thinks no urine is ſecreted into the bladder; has not made water theſe three days, nor has any inclination; has chilly fits ſucceeded by heat two or three times a day; has ſtools daily, of a dark colour.

18th. Œdema, and tightneſs about præcordia not ſo conſiderable; complains of great pain in the bladder, eſpecially during the excretion of urine, which is now more frequent; pain of the right leg from a pin.

22d. Has complained for three days paſt of pain in her bowels, with purging to the extent of nine, ten, or eleven ſtools a day, with great pain in making water. The urine depoſits a copious earthy ſediment, mixed with mucus of a greyiſh caſt.

℞. Aq. cinnam. ij. puræ ʒivſs. tinct. kino ʒj. theb. ʒſs. tinct. cardamom. ʒſs. M. capt. ʒſs. poſt ſingulas ſedes liquidas, vel pro re nata dolor inteſtinorum.

24th. Purging continues; makes very little water, and then with great pain; in the night of the 22d had a very ſtrong convulſion fit, which threw her out of bed, and bruiſed her very much; has had frequent vomitings, as before; complains of great pains in the bones of the ſacrum and loins; the ſtomach not ſo much ſwelled or hard.

℞. Sal. polychreſt pulv. rhei aa. gr. v. M. capiat nocte maneque. Solution of gum Arabic for common drink, with red wine.

℞. Ol. camphor. ℥ij. tinct. theb. ʒſs. ft. lin. ter in die ad part dolor. affect.

April 20th. Violent pain in her bowels with continual purging; has diſcharged two pins with ſome fragments of bone by ſtool; pain as uſual in her right ſide.

21ſt. Extracted ſome portions of bone (no number mentioned) from the ſinus in the vagina, through one of which a pin was driven.

30th. Since the 21ſt, eaſier in her ſide, bowels, and back.

May 1ſt. Great pain in her right breaſt, pricking as if ſeveral pins were buried deep; the glandular parts enlarged and hard; can feel two or three ſeemingly buried in the middle of theſe indurated glands; takes ſix or ſeven tea ſpoons full of tinct. theb. two or three times a day without any effect either in producing ſleep or mitigating pain; had ſeveral convulſion fits this night, which were only relieved by large doſes of opium. (N. B. Each tea ſpoonful held 100 drops.)

4th. Pain this evening intolerable in her breaſt; took at eleven in the morning, *eleven tea ſpoons full* of tinct. thebaica, and

and this morning *twelve*, which have not yet (eight o'clock) either alleviated the pain or produced any effect, except exciting nausea. ℞. Opii, Castor, Russ. aa. ʒj. M. et divide in pil. xxiv. capt. ij. 3tia. quaque hora dolore perstante.

(From this day we find no report until)

June 12th. Dismissed, cured.

July 26, 1792. I have this day been credibly informed by a neighbour and relation of Kate Hudson, that she is married, has two fine children, and enjoys better health than for several years past.

At present, I shall make no Comment on the Case; I feel it, however, a duty I owe to myself, (and to anticipate the attacks of *puny* Criticism) that I should here observe, that the language of the Case throughout, is strictly that of the minutes preserved in the Case Books of the Hospital, as taken thence by myself upwards of ten years ago.

HUGH MOISES, M.D.

To the Editors of the Medical and Physical Journal.

Gentlemen,

THE following case, though it contains no instance of the efficacy of medicine, yet, as it adds to the history of disease, may not prove unacceptable to your readers, to whom its singularity may also render it interesting.

Two or three years ago, a gentleman requested my opinion respecting a peculiar affection to which one of his sons, a delicate little boy, became subject about the 6th year of his age. Notwithstanding the apparent delicacy of his habit, however, I was informed that at the time of his birth he was a very fine, healthy infant, and continued so until he became ten months old, when he was attacked with a cough and fever so violently that his life was despaired of. The cough was declared by the faculty to be the hooping cough. At the age of six, as I have before mentioned, he began to experience seizures of a very remarkable kind, which were thus described by the parent, and which I found afterwards, in consequence of having opportunities of observation myself, to be perfectly correct.

The child was seen suddenly to suspend whatever employment he happened to be engaged in, or whatever attention he was exercising, and to become perfectly insensible to every

thing

thing that was paſſing around him. Neither expreſſions nor geſtures of any perſon near him, no ſound nor event whatſoever, ſeemed to make any impreſſion on his ſenſes. Whatever attitude, however, he was in before an attack, that attitude he retained. If, for inſtance, he was in the act of drinking, he would continue to hold the glaſs or cup perfectly firm and ſteady, and after the ſeizure ſwallow its contents, as though nothing had happened; if he was ſtanding or walking, he remained firm on his legs, though in the *latter* caſe unable to keep them in motion. When aſked after one of theſe ſeizures what he had felt, he uſed to ſay, that "he had only been in one of his *puzzles*, and that he had felt nothing." The ordinary duration of one of theſe *puzzles*, as the child emphatically termed them, was never leſs than a minute, or longer than two minutes, but they often recurred to the number of twenty or thirty in a day. He ſeldom failed to be attacked at dinner time, and when he was giving extraordinary attention to a book, or to muſic, for the notes in which the child has a moſt exquiſite ear, and for its performance he poſſeſſes moſt ſingular talents. He has alſo a very acute underſtanding, great facility and deſire of acquiring knowledge, and a moſt mild, amiable, and affectionate diſpoſition. The ſeizures were firſt noticed by his writing-maſter, who complained of the child having been very inattentive to his buſineſs. This circumſtance naturally ſurpriſed his parents, on account of his uncommon docility; and when they aſked him why he gave his maſter ſo much trouble, he declared that he could not help it, for that he had of late very often loſt his ſight, and knew not what he was about. They were then induced to obſerve him very attentively, and ſoon diſcovered the malady under which he laboured. Having enquired if they were aware of any event or circumſtance that gave origin to theſe ſingular ſeizures, I was informed that the only one, likely to be connected with the complaint, which had come to their knowledge was the following. The child had by accident ſeen a horſe killed, and felt ſo much horror at the ſpectacle that he became very ſick at the ſtomach, and a violent fluſhing (of a bright ſcarlet colour) overſpread his face and neck, accompanied by unuſual agitation and diſtreſs of mind. Theſe unpleaſant ſymptoms, however, ſoon diſappeared after medical aſſiſtance had been called.

My ideas of the nature of the extraordinary ſeizures was, that they were referable perhaps to a diſeaſe which has been denominated *catalepſy*, but which it has fallen to the lot of very few practitioners to witneſs, and therefore to acquire an accurate knowledge of. With reſpect to medicine, as the child exhibited in all other reſpects the appearance of perfect health, digeſtion being

being unimpaired and all the functions natural, I was decidedly averse from its use, for I did not know in what way it was to affect the seat or causes of the complaint. I therefore fairly acknowledged to the parents that I was unacquainted with any remedy, except what the constitution might itself effect during those changes which precede the period of puberty, or which might be produced by the supervention of some acute disease. During my annual visit at Weymouth, the last summer, I received from the father of the young gentleman the agreeable intelligence, that the latter was perfectly free from those distressing symptoms under which he had laboured for nearly four years. In the month of February last he was attacked (whatever may have been the nature of the cough that came on in his infancy) with genuine *pertussis*, which harassed him very severely. When that disease had reached its utmost degree of violence, which was about a month after its first attack, *cataleptic seizures* (if they may be so called) wholly left the child, no traces of them having since been observable.

I am, &c.

W. G. MATON.

Craven Street,
November 30, 1801.

To the Editors of the Medical and Physical Journal.

Gentlemen,

By giving a place in the next Number of your useful Journal to the following observations on the affections of the intestines, named *Intus-susceptio*, or *Volonlus*, you will confer an obligation on, Your's, &c.

JOHN HULL.

Manchester, Nov. 10, 1801.

In the second volume of the Transactions of a Society for the improvement of Medical and Chirurgical Knowledge, Art. 10, Dr. Baillie has given "*An account of a singular disease in the great intestines*," which I conceive to have been a case of the Ileus *Volonlus* of Sauvages, (Nosol. Method. T. ii. p. 348, ed. 4to.) It appears to me to admit of an obvious and satisfactory explanation when considered in this point of view, and upon no other ground whatever. As it is probable that many of your Readers may not have read the Case alluded to, I am induced to present an abstract of it.

Mrs.

Mrs. R. was attended by Sir Walter Farquhar, Mr. Chilvers, and Mr. Thomas. She was unmarried, of rather a ſpare habit, about fifty years of age, and had been very ſubject to coſtiveneſs. She had been twice "attacked with vomiting, violent pain in her ſtomach and bowels, and great conſtipation. On both occaſions, after the diſeaſe was removed, ſhe continued for ſome time extremely weak." The attack, which terminated fatally, began about the 1ſt of November, 1795. "She had violent pain of the ſtomach and bowels, more eſpecially on the left ſide, accompanied with vomiting and obſtinate coſtiveneſs." Evacuations from the bowels were procured by powerful purgatives. Her ſtools at firſt were fetid, but after ſome time conſiſted merely of blood, and were very numerous. The bloody ſtools at length became mixed with an offenſive watery fluid and mucus. "About three weeks before her death, ſhe voided a ſubſtance reſembling gut, above a yard in length. For ten days before the paſſing of this ſubſtance, and always after that time, till ſhe died, ſhe could have no evacuation from the bowels, unleſs held up nearly in an erect poſture." During a great part of the time, ſhe could ſcarcely keep any thing on her ſtomach; this ſymptom at length very much abated, but again became urgent towards the end of the complaint. She was ſeized with ſtrong convulſions a few hours before her death.

The gut-like ſubſtance was ſent to Dr. Baillie, who, on firſt looking at it, ſuppoſed it to be a modification of coagulable lymph, thrown out by the veſſels of the inner membrane of the great inteſtine; but after an attentive examination, he was convinced that it was really a portion of the colon; ſince in ſome places the peritoneal coat was preſerved, in others the appendiculæ epiploicæ and a part of the longitudinal bands were diſtinctly to be ſeen, and he could trace the circular muſcular fibres with the moſt ſatisfactory degree of diſtinctneſs, and could alſo obſerve clearly the inner membrane. Dr. B. farther informs us, that in Dr. Hunter's collection there is a ſubſtance very much reſembling gut, which had been diſcharged during a violent purging. It is about ſix inches in length, and there can be diſcovered in it ſome muſcular fibres, the remains of the appendiculæ epiploicæ, and a part of the longitudinal bands, which are the circumſtances characterizing the ſtructure of the great inteſtines. The perſon from whom this portion of gut paſſed away, lived two years afterwards, but the particulars of his caſe have not come to the doctor's knowledge.

From the circumſtantial deſcription which Dr. Baillie has given of the gut-like ſubſtance paſſed by Mrs. R. and the engraving that accompanies it, there is the ſtrongeſt reaſon for agreeing with this diſtinguiſhed pathologiſt, in conſidering it as actually

actually a portion of the large inteſtine. The ſame may be ſaid with reſpect to the ſubſtance above mentioned, as preſerved in Dr. Hunter's Muſæum. But his attempt to explain the manner in which the ſeparation of the gut in the caſe of Mrs. R. was effected, and its place ſupplied, as well as ſome of his other remarks upon it, do not appear ſatisfactory to me.

As leave could not be obtained to inſpect the body, Dr. B. acknowledges, that he cannot tell what change had taken place in the cavity of the abdomen; but he thinks it not unreaſonable to ſuppoſe, "that a violent inflammation had taken place in a conſiderable part of the great inteſtine, which had thereby loſt its living principle; and that, during this inflammation, a layer of coagulable lymph was formed round the gut, and encloſed it as a caſe."—"This coagulable lymph," continues he, "would ſoon be converted into a ſort of membrane, and the dead part of the gut would be thrown off. In this way a paſſage would ſtill remain for the evacuation of the contents of the inteſtines; but as there was no muſcular power in this newly-formed canal, the patient could have no ſtool except in an erect poſture, probably by the action of the abdominal muſcles."

At firſt view it may appear to ſome readers, that Dr. Baillie's explanation of this ſingular caſe derives ſome ſupport from analogy, viz. from what is obſerved to take place in that affection of the bones, named *necroſis*, wherein a conſiderable portion of the cylindrical bone of a limb has ſeparated by exfoliation, and been removed, its place being ſupplied by a bony caſe, formed over it. On a more attentive conſideration, however, this ſuppoſed analogy will not hold. In Necroſis the bony caſe is not formed by any ſecretion from the veſſels of the bone, that is to conſtitute the ſequeſtra, but is produced by the veſſels of the ſoft parts, ſurrounding the original bone; conſequently the ſequeſtra is never connected with the bony caſe by a continuity of veſſels, or bony ſubſtance. Whereas, according to Dr. Baillie's explanation, the caſe or coating, which is ſuppoſed to become a ſubſtitute for the detached portion of inteſtine, is ſtated to be formed by the veſſels of this part of the inteſtinal tube, and not by the veſſels of ſurrounding parts; and conſequently muſt be ſtrongly adherent to the peritoneal coat of the inteſtine throughout its whole length, by means of continuous veſſels, and muſt alſo derive the whole or a great part of its circulating fluids from thence. Now, though it may be admitted without heſitation, that a violent inflammation may occaſion the production of a thick coat of coagulating lymph upon a part of the colon, exceeding a yard in length, it appears highly improbable to me, that the ſeparation of ſo large a portion of the great inteſtine could be detached from the newly-

newly-formed coat, and that this coat ſhould retain its vital principle, and become a ſubſtitute for the ſeparated portion. I know of no inſtance, wherein a membrane or viſcus, which in conſequence of inflammation had been coated with coagulating lymph, became dead, was detached from this newly-formed coat, and had its place ſupplied thereby.

On the other hand, we know that patients have ſurvived the ſeparation of very large portions of inteſtine, that had become gangrenous in conſequence of incarcerated hernia. The caſe of M. White, related by Cheſelden, in his *Anatomy of the Human Body*, furniſhes a ſtriking example. This poor woman had an umbilical hernia, and though ſhe loſt twenty-ſix inches and a half of gut, that had mortified, ſhe lived many years afterwards. Hence we might be led to conceive, *a priori*, that an extenſive portion of inteſtine, becoming intus-ſuſcepted and ſtrangulated, might be ſeparated and diſcharged *per anum* without proving immediately fatal; and if the continuity of the canal were perfectly preſerved by means of adheſions at the point where the ſeparation took place, that the patient might live a conſiderable time after an accident of this kind. But this matter does not reſt merely on conception or reaſoning *a priori*; it is confirmed by actual obſervation, as will appear from the following abridged account of a caſe, communicated by Dr. Cullen to the late Prof. Monro, and publiſhed by the latter in the ſecond volume of *Essays and Observations Physical and Literary*. This caſe occurred to Mr. Muir, a ſurgeon at Glaſgow. The ſubject of it was a boy about twelve years of age; who, after experiencing, for about a year, colic pains, diarrhœa, &c. paſſed a livid membranous ſubſtance by ſtool. Mr. Muir obſerving this to be tubular, tied one end of it, and by blowing into the other, diſtended it into a convoluted tube thirteen inches long. It had the meſentery connected to all its concave ſide, and was therefore an entire piece of inteſtine, not the villous coat only. Some ſkins of potatoes, which the boy had eaten after this piece of gut came away, were obſerved among his fæces; whence it appeared, that the continuity of the alimentary canal was not deſtroyed. The body was opened by Mr. Muir. " The folds of the inteſtines and omentum were all glued together by a fatty curdy matter. Within four inches of the valve of the colon, the ilium A, B, C, fig. 2, tab. vii. formed into the uſual curve by the meſentery D, ſuddenly roſe perpendicularly at E, where it was much contracted, and had the appearance of a cicatrice. When the inteſtine was opened, this contracted part of it was found much thicker and harder than it was any where elſe, eſpecially on one ſide, where it ſtood ſo far into the cavity as to leave a

 very

very ſmall paſſage for the aliment. Along this contracted part, the meſentery F, was firm and thick. After this the inteſtine G, became of a natural enough form and make." A figure of the portion of gut, which was paſſed by ſtool, is alſo given in the ſame plate. The gentlemen in Glaſgow were of opinion, that the part of the inteſtine inflated by Mr. Muir, was an intus-ſuſcepted portion, that had been ſeparated in conſequence of gangrene, and Prof. Monro agreed with them. That a ſimilar circumſtance took place in the above caſe of Mrs. R. I have not the leaſt doubt, and I believe that, if her abdomen had been opened, the direction of the colon would have been found much altered, owing to the loſs of about half its uſual length.

From the ſmallneſs of the number of inſtances recorded, wherein a large portion of the entire ſubſtance of an inteſtine has been diſcharged by ſtool, and as ſhewing the wonderful reſources of the ſyſtem, the above three caſes are particularly intereſting.

Inteſtinal intus-ſuſceptions vary much in their extent, ſituation, and other circumſtances. It has been aſcertained by diſſection, 1ſt. That this accident may occur in one or more parts, without producing any ſymptoms, indicating obſtruction or deranged action of the inteſtines; and it is probable, that ſlight intus-ſuſceptions are frequently produced, and ſpeedily redreſſed by the periſtaltic motion of the inteſtines, where no ſuch circumſtance is ſuſpected.* 2. That intus-ſuſceptions of conſiderable extent may ſubſiſt for a conſiderable length of time, occaſioning pain of the bowels and coſtiveneſs, &c. without any adheſions taking place betwixt the receiving and received parts. 3. That where intus-ſuſceptions have continued for a great length of time, the parts have become very much confuſed and ſtrongly adhering to each other, with the paſſage through them very much contracted.† Where the intus-ſuſcepted portion of inteſtine becomes ſtrangulated or inflamed, the progreſs of the diſeaſe may be expected to be as rapid as that of ordinary caſes of enteritis, or incarcerated hernia.

As far as I know, there is no ſymptom, or concourſe of ſymptoms, which will enable us to determine the preſence of *volvulus*, much leſs the point of the inteſtinal canal in which this is ſituated, or the ſtate of the intus-ſuſcepted portion of inteſtine, except when it occurs in the inferior part of the rectum. It muſt ever be a great ſatisfaction to a practitioner, in treating

* See Haller Elem. Phyſiol. tom. vii. p. 94.

† See Eſſ. et Obſ. Phyſ. et Liter. vol. ii. p. 359, &c.

treating affections of the bowels, accompanied by obſtinate conſtipation, to be able to aſcertain the cauſe of the obſtruction; but, independently of this conſideration, our inability to determine the preſence of the cauſe in queſtion, when it occurs in the ſmall inteſtines, or even in the higher part of the large inteſtine, is the leſs to be regretted, ſince we ſhould derive little if any advantage from it with reſpect to the cure. If we could become acquainted with the ſtate of the intus-ſuſcepted inteſtine, it would undoubtedly aſſiſt us in our prognoſis; thus it muſt be obvious to every one, that the patient will have a greater chance of recovery when there is a ſimple intus-ſuſception than where this is complicated with adheſion of the parts, or ſtrangulation.

Where the intus-ſuſcepted portion of inteſtine is a part of the large inteſtine, it may deſcend ſo low as to be reached by the finger introduced into the anus, or it may be protruded through the anus. The latter caſe may be properly conſidered as conſtituting a diſtinct and dangerous ſpecies of exania, to which the trivial name *intus-suscepta* may be given, to diſtinguiſh it from the common *prolapsus ani*, wherein the lower portion of the rectum only is inverted and rendered conſpicuous. A caſe of this kind occurred to me ſeveral years ago, in a child about twelve months old. It had been treated as a common prolapſus, and when I was called in, the inverted inteſtine protruded about three inches, was livid and gangrenous. It was very eaſily puſhed within the anus, but could not be properly reduced, and was conſtantly forced out again by the efforts of the child. The child was too much reduced to afford me any expectation of its ſurviving the ſeparation of the mortified part, and died on the ſucceeding day. An intereſting caſe of this kind is related by Profeſſor Monro, in his valuable paper on *Procidentiæ Ani, &c.* inſerted in the 2d volume of the *Ess. & Obs. Phys. & Liter.* p. 353, &c. It was under the care of Mr. A. Drummond and himſelf. "The inverted inteſtine ſtood out four inches from the anus, without being much ſwelled, or of a deep red colour, and the child ſeemed to have no other diſeaſe." The tumor was eaſily introduced within the anus, and in this ſituation they "found the orifice of the inverted gut reſembling the feel of the *os tincæ* of an impregnated womb." As it could not be reduced to its natural ſituation by the finger, they injected a large quantity of milk and water forcibly by a ſyringe; and this operation being repeated ſeveral times in vain, a very long probe of whalebone was made, a ſponge faſtened round the probe, and moiſtened with oil; the probe was introduced into the orifice, reſembling an os tincæ, the ſides of which reſted on the ſponge; with this the inteſtine was puſhed

a great

a great way up into the body in the direction of the rectum, but without succeſs. Several attempts of the ſame kind failed, and the child, being attacked with ſevere vomiting and perpetual teneſmus, died in a few days. Mr. Drummond, on opening the body, found that the inverſion began a little below the upper part of the ſigmoid flexure of the colon, and that the meſocolon was torn away from the inverted part.

It has been ſaid that the Baroneſs de Lundi was cured of an intus-ſuſception by Gaſtrotomy; but it can ſcarcely be conceived that any practitioner would perform the operation with this view. Quickſilver, and other ponderous bodies, have been thought to be well adapted to the cure of this complaint. I am convinced, however, that little if any advantage can be derived from their exhibition. If the diſeaſe be ſeated in the large inteſtines, the copious and forcible injection of air, or liquids, ſeems to promiſe the moſt ſucceſs. In whatever part of the inteſtinal canal the intus-ſuſception occurs, upon ſome occaſions antiſpaſmodics and cathartics, upon others antiphlogiſtics will be indicated.

The following obſervations on the cure of this complaint are ſo judicious, that I am induced to conclude this paper with them: "Ilei *ab intus-susceptione* orti cura, ſi quæ datur, certe eſt difficillima, neque ulla alia methodus indicata videtur, quam quæ inflammationi & ſpaſmo convenit. Quam pro intus-ſuſceptione dirimenda inſtitutum eſſe ferunt, abdominis ſectio, inſuperabilibus premitur difficultatibus; vix enim unquam ſpecialis locus detegi, nec ſine imminenti periculo vitium inteſtini inflammati ad partes vicinas adglutinati indagari illoque occurri poterit. Hydrargyri hauſtus ad ſolvendam intus-ſuſceptionem inteſtinalem æque ambiguus videtur. Clyſmata tamen expandentia & aërea ſparſim optatum effectum præſtiterunt. Naturæ quoque viribus magnam canalis inteſtinalis partem ſuſceptam ac corruptam ſeparari, per anum eliminari, tubique integritatem reſtitui poſſe, mirabilibus exemplis conſtat." CALLISEN *Syſt. Chir. Hod. Part. Poster.* p. 287.

To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

IT is with concern I obſerve the continuance of a fever which has for ſome time paſt been more or leſs prevalent in this and neighbouring counties.

The

The ſlight manner in which the firſt ſymptoms occur has no doubt prevented the extermination of it; beſides, what is uſually called a trifling cold, if neglected, will frequently run into or partake of fever, if it happens to be of the prevailing diſorder.

I have not only ſuffered twice from fever, but ample experience in practice enables me to recommend the following plan as the moſt effectual, in averting the violence and preventing the progreſs of it.

Whenever there is reaſon to ſuſpect an attack of fever, (which is often indiſcriminately termed ſlow, nervous, or putrid, for it aſſumes a variety of ambiguous ſymptoms at the commencement) give a bold doſe of calomel and James's powder, according to the age of the patient, and repeat the doſe as circumſtances may require; waſh the whole body well with ſtrong cold vinegar night and morning, then rub dry, and let the patient put on a flannel ſhirt and drawers next the ſkin; every time after the vinegar is uſed change the flannel dreſſes, (never waſh them) but keep them expoſed to the air through the day or night, and only warmed by the fire juſt before being put on. If the bowels are particularly affected, keep cloths wet with cold vinegar conſtantly applied.

Fumigate the room of the patient every night and morning with gunpowder moiſtened, ſo as to burn without exploſion.

By this mode of treatment, if fever is not effectually deſtroyed in the beginning, the ſymptoms will be leſs violent and of ſhorter duration; but when it has taken firm hold of the conſtitution, it behoves the practitioner to be conſtantly upon his guard, for although he may not prevent fever from going through its different ſtages, he can very often *opportunely* check the moſt alarming ſymptoms.

I have been unable to prevail upon any patient to ſubmit to ablution or immerſion in cold water, (as recommended by Dr. Currie of Liverpool) but I find no difficulty in adviſing the uſe of vinegar, which is not only equally efficacious but more antiſeptic than water, and there is leſs dread (upon the mind of the patient) about taking cold.

The limits of your Journal will not admit of my entering more fully upon this important ſubject; I cannot, however, conclude without remarking, that the frequent renovation of the *human* as well as the *common* atmoſphere *in a ſick room*, is a ſource of the greateſt comfort to the patient and attendants, cuts off one material ſource of communicating, and both are effectually produced by the plan now recommended.

Southgate Street, Glouceſter, I remain, &c.
Nov. 13, 1801. A MEDICAL PRACTITIONER.

To the Editors of the Medical and Physical Journal.

Gentlemen,

As you consider tapping during pregnancy as *a curious fact and worth recording*,* I presume a similar case may not be unacceptable, and might be inserted in your valuable repository.

In October, 1780, I attended a woman about thirty-five years of age, ill of a bilious fever, which had already lasted some days, and appeared complicated with an *ascites*. Her belly was prodigiously swelled with evident fluctuation and a great deal of *dyspnœa*; she voided but very little urine. Those symptoms increasing rapidly from day to day, the fever seemed to be almost at end, and the dropsy to be the principal disease. But by the time her *menses* had ceased, a pregnancy was not improbable, though there were no signs of it; at least the volume of her belly and the morbid state of her body caused by the fever, rendered it impossible to judge of it externally.

The difficulty of breathing, with a great deal of anxiety, daily increasing, the patient now expostulated for the operation which she had refused when I had proposed it, seeing the inutility of several diuretics and aperitives I had prescribed her.

Accordingly, tapping was performed on the right side and in the usual place. After drawing about four pounds of water, it stopped of itself, and something hard was felt resisting against the end of the trocar, as if there had been a body or cist which the instrument could not sufficiently reach.

We desisted for the moment, and the surgeon proposed to make the puncture on the left side, and with a longer trocar.

The patient was much relieved by this evacuation, however small; she breathed with less difficulty, and voided more urine during some days. But all the distressing symptoms returned, and she asked at any rate to be tapped again; which was done on the left side with a larger instrument. At first we drew about sixteen pounds of clear yellowish water, that began to be mixed with a little blood, which I perceived evidently by receiving it in a cup. We were willing to stop, but the woman insisted that we should go on, as she felt herself relieved: and her pulse being very good, we let the blood still flow to about the quantity of two pounds, neither the pulse nor the patient being weakened by the evacuation. We then stopped, and the belly did not appear to be much diminished; but

* See London Medical Review and Magazine, vol. iii. page 300.

but the woman was much better. The next day ſhe voided a great quantity of urine; and as the following days it began to diminiſh, the diuretic remedies had more efficacy than they had had before tapping, and the courſe of urine was reſtored. However, the belly was always as ſwelled as before and uniformly hard, and the fluctuation was the ſame.

About fifteen days after the operation, ſhe took ſome purging pills which acted a little briſkly; on the evening ſhe was ſeized with labour pains, and delivered ſucceſſively of three male children, between ten at night and five in the morning. With the firſt child ſhe voided a moderate quantity of water; but with the ſecond and third, ſhe voided a prodigious quantity, and it was only then that the belly ſubſided to its natural volume. She recovered as ſoon and as eaſily as from any other lying-in. The children were judged to be paſt four months old.

This caſe was no doubt a dropſy of the *uterus*, as the belly was reduced to its natural volume only by the delivery, and as the water was evacuated through the *vagina*. The ſucceſs of the operation ſhews not only that tapping may be ſafely practiſed during pregnancy, but that tapping the womb is not dangerous. In the firſt operation the *uterus* was not wounded, and only ſome water externally effuſed was drawn, and probably the body felt at the end of the trocar was the *uterus* itſelf. But in the ſecond operation, made with a longer inſtrument, the uterus was certainly pierced, and the water was drawn from its cavity.

According to the French ſurgeons, the beſt method in theſe caſes is not to tap the belly as in the *aſcites*, but to draw the water by the natural way, viz. through the *vagina* by piercing the membranes and promoting delivery; which ought not to be done but after having previouſly aſcertained the ſtate of pregnancy, by touching the woman when ſtanding, and feeling the ſwelling of the membranes through the dilated *os uteri*. See more on that ſubject in the *Recueil Périodique de la Société de Médicine de Paris*, tom. vi. p. 349; where ſome ſimilar caſes are recorded, moſt of them with two fœtuſes, with many pertinent reflections.

This opinion, however plauſible, might not be ſafeſt in every caſe. In ours there were three fœtuſes, and there was no probability of the woman going to her natural term of delivery. But when there is only one child, may not the tapping of the belly, as in a common *aſcites*, and voiding part of the water contained in the *uterus*, relieve the woman and put her in a ſituation to go to her term, and thus ſave the child, which could not happen if any untimely delivery were promoted by tapping through the *vagina?*

Thus in the caſe related in the Medical Review, tapping

caused no harm, but perhaps contributed to the safe and timely delivery of the woman.

Even an hæmorrhage is not to be feared, the woman in our case lost about two pounds of blood with relief. Some large vessel in the incrassated *parietes* of the *uterus* must have been opened and have discharged itself through the aperture of the trocar; the wound of the *uterus* was of no consequence.

I remain, &c.

Geneva, Oct. 6, 1801. VIEUSSEUX, M. D.

Account of Medical Education in Edinburgh, with Remarks.

To the EDITORS of the MEDICAL and PHYSICAL JOURNAL.

GENTLEMEN,

I Took the liberty, some time ago, of sending you an account of the manner in which Medical Education is conducted in Edinburgh, and now beg the favor of you to insert the miscellaneous remarks on the same subject, which I then promised you.

The opportunities afforded at this University of prosecuting the study of medicine are not confined to the College. Private lectures are also given in Anatomy, Surgery, Physiology, and Chemistry, by men of merit and eminence, which are of considerable advantage to the student, particularly in the study of Anatomy. This science is the only one in which Edinburgh has not arrived at a considerable degree of eminence, and it is in a great measure owing to the difficulty there has been in procuring a sufficient number of subjects for private dissection. The exertions of the private teachers have, however, in some measure, done away this disadvantage, and the more frequent opportunities of prosecuting practical Anatomy which are now enjoyed, must necessarily be of material service to the University. Anatomy cannot be learnt from lectures alone, for however perspicuous the demonstrations may be which accompany them, the ideas which they produce must remain in some measure indistinct and imperfect without the aid of dissection, and the more so when they are given to a very large number of students at one time, as is the case in Edinburgh. It is of extreme importance in the study of any science, that the first rudiments should be correct and distinct. Imperfect ideas are easily acquired, but they greatly retard the after progress, and are sometimes never entirely removed. If there is, therefore, a de-

ſideratum in the Medical Education of Edinburgh, it is, that more opportunities ſhould be afforded to the ſtudent of proſecuting the ſtudy of Anatomy. There are certainly many obſtacles in the way of procuring ſubjects ſufficient to enable the greater number of medical ſtudents to cultivate practical Anatomy, and it is not improbable that the popular prejudices againſt diſſection, and the more limited opportunities of obtaining bodies in Edinburgh than in London, will make it always inferior to the latter as an Anatomical School. The ſocieties which are inſtituted in Edinburgh for diſcuſſing Medicine and Medical Philoſophy have a conſiderable tendency to encourage the deſirable habits of ſtudy and inveſtigation. It muſt be admitted, however, that they have their diſadvantages; for to young men, who have juſt aſſumed the right of thinking for themſelves, without having obtained that information which is neceſſary as the foundation of their opinions, they frequently hold out a dangerous and ſucceſsful allurement, which diverts them from the more ſubſtantial parts of their ſtudies, renders them diſputatious, and encourages habits of ſelf-complacency and conceit. It is, perhaps, a good deal owing to the effects of ſocieties in general, that the ſtudents of Edinburgh obtained the character from Dr. Franklin of being, with lawyers, particularly fond of diſpute. Upon the whole, however, it appears, that the more reſpectable of the medical ſocieties are conducive to profeſſional improvement, if they are only regarded as ſubſervient to the other parts of education, if they are not attended too early, and if the ſtudent does not, as is too frequently the caſe, take a part in the diſcuſſion beyond his information.

The *Royal Medical*, and the *Royal Phyſical*, are the two principal Societies devoted to ſubjects connected with medicine. The former ſtands higheſt in point of general reſpectability and importance, and has, in the liſt of its members, many of the moſt diſtinguiſhed medical characters in Europe. It was here, as Dr. Gregory remarks in his lectures, that the Boerhaavian doctrines were firſt freely diſcuſſed, and ſuch objections urged againſt their ſolidity, as gradually led to their abandonment. The members aſſume the full right of freedom of diſcuſſion on any opinions, by whatever authorities they may be ſupported, and are extremely jealous of the ſmalleſt endeavour, on the part of the profeſſors, to controul them. During the time that the celebrated doctrines of Brown firſt began to be canvaſſed, the warmth of debate was carried on ſo far, as to render it neceſſary to paſs a law (which ſtill exiſts) to enact, that any gentleman who ſhould challenge another, on account

of any thing which might take place during debate, ſhould be expelled the ſociety.

The Royal Medical Society was inſtituted in the year 1737, and obtained a charter of corporation in 1778. It is governed by four Preſidents, and by committees choſen annually from the members by ballot. The meetings are held once a week, and laſt from 7 in the evening till 12. An eſſay on a medical caſe, and a diſſertation on ſome ſubject connected with medicine, (which are written by the ordinary members in rotation, and are termed a ſet of papers) are diſcuſſed every evening, and not more than two ſets of thoſe papers are expected from any gentleman during the time of his being in the ſociety. They are circulated among the members before diſcuſſion, and are copied into proper books, which are open to their inſpection in the library. Fines are exacted for abſence either during the whole or part of the evening, and theſe are ſo conſiderable as to enforce a pretty punctual attendance. The admiſſion fee is five guineas; one guinea is paid in the beginning of the ſecond year of attendance, and half a guinea in the beginning of the third, after which no further ſum is required. A member, after having written two ſets of papers, and completed two ſeſſions in the ſociety, becomes extraordinary, and is then freed from fines or contributions.

This ſociety is poſſeſſed of a very valuable library and philoſophical apparatus, which are under excellent regulation. Periodical publications, and new works lie a certain time upon the library table, for the uſe of the members, before they are put into the body of the library.

There are ſeveral circumſtances which have tended to eſtabliſh the reputation of Edinburgh, and to make it a very general reſort for medical ſtudents. Two or three of thoſe it may not be improper to mention.

The celebrity of its profeſſors, without doubt, brought it firſt into notice, and on this, its eſtimation in the eyes of Europe muſt ſtill depend. The eſtabliſhment of profeſſors in Edinburgh has a powerful tendency to preſerve that zeal and activity in the proſecution of the ſubjects which they teach, ſo neceſſary to the advancement of ſcience and the increaſe of perſonal reputation. The ſalaries are very ſmall, their emoluments muſt therefore principally depend upon the manner in which their lectures are attended, and this again on the eſtimation in which they are held. In Edinburgh, too, the practice of a phyſician is very much limited. Lecturing is not, therefore, as is often the caſe in London, employed as an introduction merely to public notice, but is regarded as a profeſſion to which

which a man feels it his intereſt to direct all his abilities and attention.

Without having the moſt diſtant intention of making any application on the ſubject, I may be allowed to obſerve, that a more reſpectable phalanx of medical men could ſcarcely be brought together, than filled the profeſſional chairs of this Univerſity a few years ago. Any one converſant with its hiſtory, muſt know that I allude to the period at which Dr. Cullen, Dr. Black, Dr. Gregory, Dr. Hope, Dr. Monro, and Dr. Home, were all of them at one time engaged in teaching the different branches of medical ſcience. It is extremely difficult to point out that mode of electing profeſſors, which is moſt likely to enſure their being properly qualified for their office.

The members of a town council, do not appear to be the men beſt adapted for this purpoſe, and yet it is with them that the nomination reſts. Hitherto, there has been little ground of complaint; it may eaſily however be ſeen, that the utmoſt circumſpection is neceſſary to preſerve the reſpectability of the profeſſional chairs in the eyes of Europe, and that the ſyſtem which has been adopted of late years, of appointing the ſon as the ſucceſſor or colleague of his father, if carried to far, will be highly injurious to the intereſts of the Univerſity.

The habits of life, both of the ſtudents and the inhabitants in general of Edinburgh, are very favourable to the ſteady purſuit of ſcientific knowledge. The ſtudents are not men of fortune, who come to the Univerſity for the purpoſe of *lounging away* two or three years for the ſake of form or faſhion, but are ſuch as depend for their ſucceſs, on their perſeverance, aſſiduity, and attention in the purſuits to which they are devoted. Enquiry is encouraged by the profeſſors, excited by the eaſy intercourſe which takes place among the ſtudents, and readily gratified by the facility with which books can be procured, whether from the College Library or that of the Royal Medical Society. The deſire of diſtinction among themſelves, and the wiſh to come off with credit on an application for a degree, have alſo a very conſiderable and ſalutary influence upon the ſtudents.

The inhabitants of Edinburgh are, in general, diſtinguiſhed for information and propriety of behaviour, which may be attributed to a variety of cauſes. Learned and literary men, particularly thoſe connected with the college, are held in great eſtimation, and are received with cordiality into the higheſt circles. By far the moſt numerous claſs of the reſpectable inhabitants are in the profeſſions; and commerce, which ſometimes ſuddenly raiſes ignorant and ill educated men to affluence, has ſcarcely any place in the Scottiſh capital. Theſe circum-

ſtances

ſtances cannot be without ſome effect upon the minds of young men who go thither for the purpoſe of improvement.

The Lectures themſelves are more comprehenſive than thoſe, which, as far as I know, are delivered in any other Univerſity in Europe; and the Infirmary, as I mentioned in my former paper, is under regulations, which render it productive of much advantage to the ſtudent.

The eſtimation in which Edinburgh is held as a ſchool of medicine, is ſufficiently marked by the general reſort of ſtudents to it from every part of Europe. Few medical men, who can boaſt of a regular courſe of ſtudy, have not enjoyed the advantages of this ſchool; and by much the greater number of the moſt reſpectable phyſicians of this iſland, have graduated in Edinburgh. It may hardly be thought neceſſary to make any obſervations on the reſpectability of Edinburgh degrees, after the detail which I have given, and the general eſtimation in which they are held with the public; I think it proper however to obſerve, that, to the diſgrace of an honourable profeſſion, and of an enlightened nation, which ought, on account of its uſefulneſs, to preſerve its reſpectability, the right of practiſing medicine is at this time to be purchaſed at a Scotch Univerſity without ſtudy, attendance, or examination; ſimply by a certificate of fitneſs from two phyſicians, who, it is to be feared, too often ſign it from courteſy, without being adequately informed of the education or acquirements of the perſon whom they recommend. It ought therefore to be recollected by thoſe who, from this circumſtance, depreciate the value of Scotch degrees, that it is unfair and uncandid to claſs the Univerſity of St. Andrew's with that of Edinburgh, where the *eligibility to examination for a degree* can only be obtained by three years regular ſtudy, and where the examination itſelf is well adapted to diſcover how far the ſtudent has availed himſelf of the opportunities he has enjoyed.

It ſeems indeed highly prepoſterous, that a qualification to practiſe a liberal profeſſion, like that of medicine, which has not only its general character for learning to ſupport, but which alſo requires no ſmall ſhare of ſtudy and application to become acquainted with its principles, ſhould be able to be purchaſed by any one, who chuſes to be at the expence of it; for though it be admitted, that the certificate of qualification be in ſome meaſure a check upon the introduction of any improper perſons to the honours of medicine, yet is it to be imagined, that medical men cannot occaſionally be found, who will ſo far forget their own honour and the honour of their profeſſion, as to recommend men very ill adapted to ſupport its credit and reſpectability? In the profeſſions of Law and Divinity,

nity, it is required that a man ſhould ſpend a certain time in the ſtudy of his profeſſion before he is admitted to practiſe it; or, at leaſt, that he ſhould be of ſo long a ſtanding as to give him a full opportunity of having turned his attention to it; and even then a certificate of fitneſs is required previous to admiſſion. If ſuch be proper or neceſſary in the profeſſions which I have mentioned, is it not doubly ſo in that of medicine, where the health or the life of individuals depend upon the knowledge and judgement of one man, and where there is often no time for looking into ſources of information, or endeavouring to ſupply a deficient knowledge of the ſubject? The evil is ſerious; and it is the duty of every good man, who wiſhes well to the profeſſion of medicine and to the public, to do his endeavours to remedy it. For though ſome individual inſtances may occur, in which a man may be poſſeſſed of every qualification neceſſary for a phyſician, and would be much inconvenienced by not having a medical degree without the loſs of time occurred by an attendance at an Univerſity for the purpoſe of obtaining it, yet the poſſibility of ſuch an occurrence ought not to prevent any meaſure of univerſal public and profeſſional advantages. It would not be thought ſufficient for a perſon in a ſubordinate part of the law, who had been all his life engaged in the practice of his profeſſion, to ſay, that he expected to be at once admitted to the bar, becauſe he conceived himſelf qualified to practiſe as a counſel. He would be expected to purſue the ſame courſe, as if he had been juſt entering upon the ſtudy of the law, however inconvenient might be the delay. And it does not appear particularly unreaſonable, that when a profeſſion is either entered upon or changed, a ſacrifice of two or three years ſhould be made, in order to obtain a qualification to practiſe it, though it may occaſionally be attended with ſome perſonal inconvenience.

The Royal College of Phyſicians of London ſeem perfectly convinced of the propriety of requiring a certain academical attendance from every one, previous to examination for the liberty of practiſing in the metropolis; when they make it neceſſary for ſuch as preſent themſelves, to produce documents of having ſtudied two years at the ſame univerſity where they graduated. This bye law appears to be founded upon the moſt judicious principles, and does credit to the judgment of that learned body. The latter part of it, is clearly with a view to prevent thoſe from applying for admiſſion as licentiates, who were rejected on their examination for a degree at the Univerſity where they were educated, and afterwards procured one by purchaſe.

The Royal College of Phyſicians of Edinburgh have a defect,

fect in their charter, which prevents their being able to adopt the same salutary regulations with that of London, on the mode of admitting licentiates or fellows. By their charter it is enacted,* that not only graduates of Edinburgh, but of any other Scotch University, shall be admitted by right a licentiate of the college without examination; and by the constitution of the college, a licentiate, after remaining twelve months in that probationary state, is admitted a fellow as a matter of course.

That Edinburgh graduates should be admitted without examination into the College of Physicians, is not improper, because the heads of this college are members of the faculty of Medicine of the University, and the persons who on examination thought him duly qualified to practise medicine. But, that any person who has purchased a St. Andrew's degree, should be able to claim the same privilege, completely does away any idea of honour from a connection with that body. The absurdity of the clause above mentioned, more clearly appears from a case which is not only possible, but may at any time occur. A student may be thought unqualified for the honour of a degree in Edinburgh, and may be rejected. He may afterwards procure a degree from St. Andrew's, and insist upon admission into the College of Physicians of Edinburgh, though he will be there associated with the very men who thought him unworthy of a degree from the University. Thus it appears, that the degree of Doctor from the University is more honourable than that of Fellow of the Royal College of Physicians, a circumstance which, I believe, is far from being generally known, though it may be very fairly inferred from the respectable evidence of Dr. Gregory, who made the observation to which I alluded above, when actually president of the College.

On a comparison of the advantages afforded by Edinburgh and the English Universities, in the study of medicine, there can be no hesitation in preferring the former. As an argument in favour of Oxford and Cambridge, much stress has been laid upon the length of time which it is necessary to be connected with those Universities, before the degree of Doctor can be obtained. But in this point of view, the balance must be on the side of Edinburgh, for a great part of the attendance at the English Universities is merely nominal, half terms only being sufficient before taking the degree of Batchelor of Medicine; and from that time until the period at which the degree of Doctor is conferred, no attendance is necessary at all. Does

* Vide Dr. Gregory's Letter to the Managers of the Royal Infirmary.

Does the period of abſolute attendance, therefore, which is neceſſary previous to taking a Doctor's degree, predominate in Edinburgh, or in the Engliſh Univerſities? Much of the advantages derived from a place of education, neceſſarily depends upon the time and punctuality of attendance; and this applies more ſtrongly in medicine, than perhaps any other profeſſion. When we therefore conſider that the period of *actual attendance* in Edinburgh is equal to that which is requiſite at either of the Engliſh Univerſities; and when we alſo recollect, that during the whole of that attendance, the time is occupied in the proper buſineſs of the profeſſion, little doubt can exiſt on the comparative merits of thoſe ſeminaries as ſchools of medicine. It is uſual, and indeed neceſſary, that gentlemen educated to Phyſick at either of the Engliſh Univerſities, ſhould proſecute the ſtudy of their profeſſion elſewhere; but is it not a circumſtance of a moſt ſingular nature, that the only advantage in medicine from thoſe illuſtrious ſeminaries, is the obtaining a degree? and that the previous acquirements which are neceſſary to qualify a man to practiſe with honour to himſelf, or advantage to the world, muſt be made in another place?

I have thus, Gentlemen, completed the miſcellaneous Obſervations on Medical Education in Edinburgh, which I had in view, and ſhould be gratified by their affording any degree of intereſt to you or your readers.

London, Dec. 6, 1801. Y.

Case of a scirrhous Tumour in the Breast, cured by Dispersion.

Communicated to JOHN PEARSON, Eſq. *Surgeon of the Lock Hospital and Asylum, and of the Public Dispensary, &c. by* Mr. JAMES LUCAS, *Member of the Royal College of Surgeons, and corresponding Member of the London Medical Society.*

A. R. between thirty and forty years of age, of a corpulent habit, had an enlargement in her breaſt, exceeding the ſize of a turkey's egg. The tumour, which had been gradually increaſing for a year, had lately made a more rapid progreſs, and become ſo indurated and painful as to oblige her to apply for relief; nor could ſhe aſſign any cauſe for the complaint.

The application of leeches was directed to be repeated according to the urgency of the pain. A piece of linen, in ſeveral folds, moiſtened with an anodyne compound of litharge

 lotion,

lotion, was frequently applied to the ſwelling, and increaſed doſes of conium maculatum were preſcribed. When theſe remedies had been ſtrictly perſiſted in for ſeveral weeks, it was obſerved, that the liberal evacuations had conſtantly afforded relief, but that the patient was conſiderably reduced. The bulk of the tumour was evidently diminiſhed, yet the nipple continued to be much depreſſed, and the ſkin around it had become ſomewhat inflamed, nor could the induration be ſaid to be abated. She now complained more of ſoreneſs than the lancinating pains that had before created ſuch uneaſineſs.

The topical bleedings were ordered to be omitted, unleſs the pain ſhould be urgent. Applications of cold water were uſed inſtead of the former lotion.—Doſes of the ferrum ammoniacale were given twice or three times a day, and the conium maculatum at bed-time.—Such variations in the diet were directed as ſuited the changes in the medical treatment. In a few weeks the whole breaſt had a leſs malignant appearance, the diminution of the tumour was evidently progreſſive, and the pain entirely ceaſed. A ſoap cerate plaiſter was in a little time ordered for a ſmall remaining ſoft tumour, rather to be diſcovered by the touch than the eye.

I have wiſhed to tranſmit you this caſe, and could cite many that occurred in the courſe of my practice at Leeds, as according with your opinion on the ſubject. I have, as far as I could, abbreviated the circumſtances in order to ſubjoin a few remarks. The ſucceſs in treating ſuch caſes ſeems to depend on the age being favourable, in allowing a cautious ſurgeon to try ſuch means as have been found uſeful, and in keeping all expectation of the neceſſity of an operation out of the patient's or even her friends view, until the ſtage of the malady prompts the moſt ſuitable time for extirpation. Great diſcernment is required to make choice of the moſt proper period for the neceſſity of an operation. If adviſed before it be neceſſary, the effect will generally prove highly prejudicial to the patient's health, even for years, if not through life; or a relapſe of a more dangerous diſeaſe will enſue, ſo that a premature extirpation ought to be as carefully avoided, as delay at an advanced period of life, when the rapid progreſs is known to extend itſelf beyond hope of aſſiſtance, even by operation, except timely performed. I have ſtrong reaſons for doubting if an *ulcerated cancer* in a breaſt, or limb, was ever permanently cured by an operation, although the wound may have healed ſpeedily, and the cure appeared promiſing. In the lip I allow the cure will be more laſting. Were I allowed to enlarge on this topic I could bring forward numerous examples of ſcirrhous tumours in the breaſt being relieved, and the diſeaſe never proving fatal, or

or even becoming ulcerated, though not entirely removed. The moſt ſtriking inſtance that occurs to my recollection, was a woman, who had at times been under a courſe of remedies for a tumour in her breaſt, from thirty to nearly ninety years of age, and though the ſkin then inflamed yet there was no ulcer, nor did ſhe die of that complaint.

Coniſbrough, near Doncaſter, Dec. 1, 1801.

To the Editors of the Medical and Phyſical Journal.

Gentlemen,

THE caſe of Mr. Knight, of Friendſbury, communicated to you by Mr. Atkinſon, and inſerted in your laſt Journal, has rouſed my endeavours to recollect that of Mrs. Rowe.—Her diſeaſe, whether cancerous or not, having been deemed incurable, though it ultimately terminated favourably, is a circumſtance which may, perhaps, afford ſome comfort to your correſpondent with regard to his friend. In addition to the remedies mentioned before, I may inſert powdered chalk, which, according to the experience of ſeveral reſpectable practitioners here, has proved a very effectual application to ulcers both of the common and the cancerous kind. I regret that I have not been able to recollect ſeveral important circumſtances relative to Mrs. Rowe's caſe; but if, conſidering it as an outline, rather than a perfect repreſentation, you will favour it with a place in your valuable publication, I ſhall conſider it as honoured beyond its deſerts.

I am, &c.

THOMAS M'WHISTER, M. D.

Et Societ. Med. Phyſ. Edin. Soc. Hon.

Newcaſtle-upon-Tyne, Dec. 7, 1801.

Mrs. Rowe, an object equally of poverty and diſeaſe, conſulted me in ſpring laſt, on account of complaints apparently cancerous in their nature. She was a middle-aged woman of a very firm mind; and, previous to her illneſs, had been of an excellent conſtitution. Poverty compelled her to ſuckle her infant, then ſeveral months old, which did not ſeem conſtitutionally diſeaſed, although occaſionally ſickiſh, owing, perhaps, to a vitiated ſtate of its mother's milk. Both the breaſts of this poor woman were morbidly affected. The left

left one had an induration at its base, about the size of an egg, and suffered those frequent lancinating pains characteristic of incipient cancer; while the right was hard, livid, immoveable, and raggedly fistulous in several places, from which issued foetid, bloody, and corrosive matter. The former supplied the child with milk, but the latter had lost the papilla, and no longer secreted that fluid. According to the emphatic description of my patient, the pain of this breast resembled "the frequent darting of fire through her flesh." The pains of the right breast sometimes shot into its fellow, and often towards the axillary glands of the same side, which were more diseased than those of the other. But besides, pains analogous to the above assailed her uterus, accompanied by a discharge of foetid sanies from her pudenda, which excoriated the neighbouring parts; and hence it seemed probable that a relation subsisted between these and her other complaints.

Under a combination of such calamities, with extreme poverty, her bodily vigour had considerably declined, though it still enabled her to walk a few miles from the country, to visit me once in the week. Her pulse was generally quicker than natural, but particularly in the evening, when she occasionally became feverish. Her appetite was much impaired, and she rested ill at night. After severe fits of her pains she sometimes experienced faintness, succeeded by nausea, shiverings, and cold sweats. Such was the situation of my patient at her first visit to me. How long she had been so held, previously, I cannot precisely say; but I am led to think she told me her complaints had then continued for several months, and had commenced some time prior to the birth of her child. She had, however, consulted several practitioners in Maidstone, before my arrival there; they had humanely assisted her; but considered her disorder to be a cancer, too deeply rooted to admit of eradication, even by the scalpel.

It seemed possible, notwithstanding, that we might all have mistaken the real nature of this case; and the encouragement of such a hope was, at any rate, calculated to increase the perseverance both of the patient and the physician.

With a view to promote a more healthy action in her breasts, ʒj. ungt. hyd. fort. was rubbed into them daily; and poultices composed of bread and milk, or of the recent leaves of cicuta, were applied to that which was ulcerated. Injections of alum, dissolved in decoction of oak-bark, and occasional opiates, were also employed. Having followed this plan for about three weeks, her mouth became slightly affected by the mercury, but with little amendment of her frame. About this period I put her into the way of procuring a diet of rice and milk, instead

of

of bread and tea, which had before been her only nourishment.

Continuing the moderate effects of her former medicines she now took two grains of pulv. fol. cicutæ, and three or four of opium in the day: these were formed into pills, one of which she used every two or three hours, or according to the urgency of her symptoms.

The quantity of the cicuta was gradually increased to six or eight grains in the day, but without manifesting any distinct operation; and that of the other remedies was regulated by their effects upon her system. The mercury never produced salivation, nor the opium and cicuta, aught but the alleviation of pain. From the time she began to take the pills till she laid them aside, a regular amendment was evident. Towards the close of the second month of her attendance upon me she began to disuse all her medicines by degrees; and very shortly afterwards took her final leave of me, seemingly without any ailment.

But, although I confess I am satisfied that a considerable portion of healing power was produced by the remedies exhibited to my patient, yet I think it my duty to own, that I am convinced she was greatly indebted also for her recovery to the attentions of some families in Maidstone, and particularly to the sisters of a neighbouring nobleman, noted alike on account of the extensive comfort they diffuse around them, and their judicious mode of administering it to the poor and to the distressed.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

IF you think the following case worth the insertion in your useful production, it is much at your service.

From your, &c.

Yarmouth, Dec. 8, 1801. T. GIRDLESTONE, M. D.

On the 22d of March, 1795, Mr. Aldred, a young man of about 22 years of age, by a fall from a horse, received a fracture on the upper part of the occiput.

Mr. Darby, of Lowestoff, was his surgeon, who called in his brother surgeons, Mr. Arnold and Mr. Glasspoole, and by their advice two Yarmouth surgeons were added to the consultation,

tation, Mr. Downes, and the late Mr. Francis Turner, who is ſtill gratefully recollected in this town and neighbourhood for his ſucceſs in many caſes of bubonocele, depreſſion of cataracts, and other ſurgical operations. Theſe gentlemen endeavoured to trace the fracture without being able to diſcover its extent, till they had approached, as near as they thought it prudent, the foramen magnum. Several veſſels were wounded, and much blood was loſt by the reſearch, before the wound was dreſt. The next day I accidentally paſſed through the town, and was deſired to viſit this patient. He was then alternating between convulſion and ſtupor, with a pulſe in a conſtant ſtate of interruption. His motions and urine paſſed away involuntarily, and his food was obliged to be poured down his throat in a liquid ſtate.

Without any hopes of his recovery, either of life or intellects, I ordered him ſudorofic doſes of antimony and opium at intervals.

Under theſe ſymptoms he continued nearly ſtationary in every reſpect, except that of the fracture gradually healing, till about the fourth week. About this time the pulſe become regular, and the ſenſes gradually to return ſo completely, that the ſtrongeſt light or ſound could be borne without any inconveniency. But his character had undergone a very alarming revolution. From being naturally an over-anxious-minded young man, he become voluptuous, ſprightly, and unthinking.

In this ſtate he continued till between the 8th and 9th week from the accident, when his original character re-appeared and has ever ſince remained.

P. S. In page 492 of the laſt Medical Journal, the Editors aſk the following queſtion.

"Can Typhus be ſo frequent at this ſeaſon of the year?"

As far as ten years experience in one large town and neighbourhood tends to ſolve the queſtion, I can aſſure the Editors that the greateſt number of Typhus Fevers in this diſtrict, has generally prevailed from the latter end of October till the firſt, ſecond, or third week in December, when the number of Typhus Fevers, as well of Scarlatina, (if that diſeaſe had been endemic,) generally leſſened.*

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* See Addreſs to Correſpondents at the end of this Number.

To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

THE following Caſe of Tetanus ſucceſsfully treated by the exhibition of Opium, if worthy a place in your uſeful Miſcellany, will not I hope altogether prove uſeleſs to the generality of your readers, independently of its being attended with ſome adventitious circumſtances.

Woodstock Street, New Bond Street, December 10, 1801.

I am, &c.
T. COMYNS COLE.

I was deſired by Sir John Lade, to ſee his coachman's wife, Mary Carter, ætat. twenty-two, of a ſpare thin habit, rather of a delicate conſtitution, and frequently ſubject to rheumatiſm. I ſaw her Oct. 2, 1801, in the morning; the ſtate I found her in was as follows. Her countenance pale and contracted, a rigidity of the neck, with the head ſtrongly pulled backwards, her jaws completely locked, cold damp ſweats, particularly on the face and hands; her pulſe 130, irregular and ſmall, with great proſtration of ſtrength; ſhe could not bear to be moved in her bed, in which ſhe had been confined for ſix days, without taking the leaſt nouriſhment, and a child of eight months old at her breaſt, within two days of the time I ſaw her. From theſe circumſtances, and the great exhauſtion that had taken place, joined with the diſeaſe, I conſidered it a hopeleſs caſe. The tetanic affection had been coming on gradually for a fortnight, proceeding from a cold, caught by ſleeping in a damp room; ſhe frequently felt in the beginning of the attack, a violent pain at the lower end of the *sternum, from thence darting into the back*; a ſtiffneſs and uneaſineſs about the neck, which ſhe ſuppoſed to be what is vulgarly called, a *crick in the neck*; the muſcles of the jaw were affected with a ſpaſtic rigidity, which ſhe firſt diſcovered by eating an apple; but there was no pain in the root of the tongue, or any difficulty in ſwallowing, ſhe ſpoke without uneaſineſs, and during the whole of the diſeaſe the external muſcles of the abdomen were not affected with ſpaſm, though ſhe had not a ſtool for four days.

The firſt thing I ordered was a laxative clyſter with ſap. mol. ʒiij. which brought away ſome hard fæces; after that ſhe had another clyſter with tinct. opii ʒiij. mixed with eight ounces of mutton broth; it remained four hours, and at the expiration of that time, her mouth opened ſufficiently to admit a tea ſpoon in it, and to take nouriſhment in ſmall quantities often

often repeated; I ordered two grains of *opium purif.* to be given her every two hours, *durante noƈte*, with nouriſhment and wine at proper intervals; ſhe paſt a quiet night, *but did not sleep*; the next morning her mouth was nearly half open, her countenance looked better, her pulſe was leſs frequent, more regular, and of a greater degree of ſtrength; I continued the two grains of *opium purif.* every two hours, which *she swallowed very well*; in the evening ſhe ſeemed uneaſy, ſweated profuſely, and complained of a pain in the lower end of the ſternum, darting into the back, attended with ſhortneſs of breath, and a pulſe irregular and hurried. As I was afraid the *tetanic spasms* might come on in the night, attended with the ſpaſtic rigidity of the jaw, I ordered her a pill of *six grains of opium purif.* to be given at bed time; and to keep up the *influence* of it, I repeated *two grains* every two hours with a cordial draught. The next morning I found her better, though ſhe had little ſleep during the night, but felt as ſhe expreſſed herſelf *happy and comfortable*, her head quite clear and free from pain, notwithſtanding ſhe took in the laſt twenty-four hours *thirty grains of opium purif.* which may be conſidered equal to *six hundred drops* of the *tinƈture.*

As a week had now elapſed without her having a ſtool, (excepting by clyſters,) I thought it expedient to procure one by giving her a mixture of *ol. ricini* (omitting the opium,) a fourth part to be taken every two hours with a pill of *ext. colocy. comp. et calomel.* Eight hours elapſed before ſhe had a motion, which was very coſtive, and ſhe had three afterwards more lax; during that night *the pain at the lower end of the sternum* came on with violent ſpaſms in the muſcles of the tongue, which was forced out between the teeth, and much injured by being frequently bitten; and in the morning when I ſaw her, the jaw was again *nearly locked.* I attributed the return of the ſpaſms to the omiſſion of the opium for *ten hours*; I therefore ordered again a clyſter with tinƈt. opii ʒiij. and continued the two grains of opium purif. every two hours with the cordial draught, and frequent uſe of nouriſhment and wine; in the evening ſhe was better, free from ſpaſms and pain; the jaw more open. She continued the medicines *durante noƈte*; the the next morning her mouth was half open; ſhe paſſed a good night, but had ſweated *profusely.* I continued the opium in the ſame quantity every *three* hours for four days, and at the expiration of that time, I perceived a thick miliary eruption upon the arms and neck, and a few on the face, with ſmall white veſicles; her breaſts were now become painful and diſtended, the child not having ſucked her for *thirteen days*; I therefore deſired her breaſts to be ſlightly drawn, and rubbed with the

linim.

linim. ammon. and from that time her milk gradually left her; her pulſe was ſmall and quick, but regular; I thought it neceſſary, after giving her ſome opening medicine, (which procured a ſtool without a return of the ſpaſms) to give her the ext. cinch. joined with two grains of opium every three hours, leſſening *the latter by degrees*, till ſhe wholly diſcontinued it; but the *former* ſhe took regularly, until her ſtrength was completely reſtored, and every ſymptom of tetanic affection entirely overcome; ſhe is now as well as ſhe ever was in her life.

The above Caſe, in my opinion, fully evinces the efficacy of opium *in large and repeated doses*, ſo as to keep the patient, in this diſeaſe, under the continual influence of it, while any diſpoſition remains to tetanic rigidity of the jaw. I ſhall take another opportunity of making further Obſervations on this Caſe, with ſome general remarks on the effects of opium in this and other diſeaſes.

To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

THOSE deranged ſenſations which are incidentally conſequent on gonorrhœa, are ſometimes attended with inflammation, and at others are obviouſly dependant on a morbid irritability. An adequate diverſity of treatment muſt therefore obtain, though after ſubduing the inflammatory ſymptoms, the irritability not uncommonly continues. It is here that the practitioner is frequently baffled, and after trying the uſual means without ſucceſs, the ſymptoms gradually of themſelves ſubſide. I had an opportunity in the ſpring of employing the nicotiana in this caſe, in which it anſwered ſo well, that I have been induced to requeſt you to publiſh an account of it.

A gentlemen, while under a courſe of bougies for ſtrictures, caught a freſh infection, for which he uſed a weak vitriolic injection as formerly. But when the gonorrhœa had nearly ſubſided, a pain and ſenſe of fulneſs in the bladder and parts contiguous ſupervened, attended with dyſuria and general inflammation. For theſe were employed, bleeding both general and local, anodyne glyſters, the warm bath, and other appropriate remedies. As the inflammation abated, the gonorrhœa returned, of which the management was now conſigned to the free uſe of bark and mucilaginous decoctions. The ardor urinæ and other ſymptoms were removed by theſe means, leaving him

him molefted only by the gleet. After fome delay he grew importunate to be relieved from the gleet, and I reluctantly confented to his again ufing the injection, agreeably to his own choice. But we were foon obliged to defift, to prevent the full recurrence of the former fymptoms, feveral of which had already recurred; and probably, by this timely precaution, their feverity was mitigated, and they did not become inflammatory. He was now directed to take thirty drops of the tincture of nicotiana twice a day, in a cup full of linfeed tea, which afforded him immediate relief, and at the end of a fortnight he was free from all uneafinefs in the pelvis. The gleet continued with little diminution notwithftanding the ufe of general tonics, and after an interval of feveral weeks, he grew again difcontented. It was therefore agreed to try the injection once more, and on a threatening of the deranged fenfations to take the tincture. The firft attempt gave him confiderable alarm and obliged him to take the drops, which, however, relieved him as before, fo that they were continued in conjunction until he had obtained a cure. His general health is fince reftored by the ufe of bark and fea bathing. The injection was compofed of fix grains of the vitriol of zinc to eight ounces of diftilled water.

In the dyfuria of old people, and in other cafes of it, I have prefcribed the tinctura nicotianæ extenfively, and with advantage. Sometimes I have thought its efficacy promoted by combining it with an equal portion of the fpiritus ætheris nitrofi, but my ufual mode of exhibition has been as above. Perhaps fome affinity may fubfift between the two difeafes, at leaft I was led to employ the nicotiana in this cafe on fuch a fuppofition, and in dyfuria I can recommend it as a valuable remedy.

Of the Calx Muriata.

THE Calx Muriata has been lately announced as a remedy for fcrofula, by Dr. Beddoes. In a difeafe in which, in feveral of its forms, the power of art has been fo often baffled, any propofal from authority for averting its deftructive ravages, is entitled to regard. I wifh that I could now congratulate the public on obtaining fo valuable an acquifition, but am forry to ftate that in my own trials of it, it has completely failed.

Scrofula is a difeafe fo common in this town and neighbourhood, that a practitioner connected with an infirmary or difpenfary can feldom be without cafes of it under his care. From my own lift I have felected a fufficient number in the ftate of tumour, of abfcefs, and of ulcer, and in none of them did

did it manifeſt activity; the aſpect of the ulcer was not changed, the tumour diſcuſſed, nor the abſorption of matter promoted. A young man took a tea-ſpoon full of the ſolution, three times a day, in a cup full of weak bitter infuſion, for glandular enlargements under the chin, and ulcers in his left leg, without any perceptible alteration in either. A young woman took a tea-ſpoon full twice a day, for more than a month, for an ulcerated ſub-maxillary gland, which was corroding away ſpontaneouſly, without the ſmalleſt benefit. In thoſe collections of ſcrofulous matter on the tarſus, which with us ordinarily denote a diſeaſe in the bones underneath, it has likewiſe failed. The preparation was obtained from Mr. W. Henry, ſo that it could not have been ſophiſticated. The only ſenſible effect of the calx muriata which I have obſerved, was that of a gentle laxative.

The caſe of Miſs Johnes, recorded by Dr. Beddoes, is unqueſtionably ſtrong; but I apprehend it may receive a different interpretation from the one which he has given. At the time ſhe began to take the calx muriata there can be no doubt of the nature of her complaint, which was certainly ſcrofula; nevertheleſs it muſt be obſerved, that only a ſhort time before ſhe had ſuffered an attack of pleuriſy, to which and not to the calx, my own diſappointments have led me to aſcribe her recovery. The ſtate of the ſyſtem under general inflammation, is very oppoſite to that peculiar debility incident to ſcrofula; in the one, depletion muſt be vigorouſly purſued; in the other, remedies calculated to add tone to the ſyſtem, have been found moſt efficacious. This tonic ſtate of the ſyſtem was here produced in a high degree by the pleuriſy, and thus the accidental acute diſeaſe, proved the cure of the one which had become almoſt habitual. I might ſtill further corroborate this opinion, by recalling to the attention inſtances of the removal of chronic weakneſs by the ſupervention of fever, of which the practice of every one will furniſh ſome; and it will alſo be remembered, that one argument in favour of the vaccine inoculation, by ſeveral of its early advocates, was the advantage which might accrue from employing it with that intention.

In the ſenſe in which mercury is a cure for ſyphilis, no remedy, I fear, is yet known for ſcrofula; ſea-air and ſea-bathing approach nearer to that character than any other; and in the general form of the diſeaſe without hectic, as well as for ſome particular ſymptoms, they are extremely beneficial. A want of vigour is ſo palpable, that any general mode of evacuation is ſeldom proper, but where the head is much affected, as in ophthalmia, leeching may precede the uſe of bliſters to the neck or behind the ears. For the ſame reaſon purging is ſel-

dom ufeful, though it is always neceffary to obviate coftivenefs. The topics in ophthalmia confift for the moft part of aftringents; to thefe may be added the vinum opii, a few drops of which inftilled into the eye once or twice a day, is often of fingular fervice. Where the ophthalmia depends chiefly on irritability, a long courfe of the Peruvian bark, and daily ablution of the head with cold water, will materially ferve the patient. And, in order to prevent a return, my experience furnifhes nothing fo effectual, as fhaving the head once a week, and daily wafhing it with cold water. When the patient cannot avail himfelf of the advantages of a refidence near the fea, the glandular fwellings in the neck will be beft difcuffed by a long continuance of the bark, which is alfo ferviceable in the ulcerated form of fcrofula, in which, when fituated upon any of the extremities, dreffing with red precipitate as often as the ulcer becomes indolent or ftationary, will materially affift the cure, efpecially if adhefive plafters be applied in the manner propofed by Mr. Baynton in ulcerated legs.

Scrofula feizing on any of the larger joints, is known by the appellation of white fwelling, which is a frequent caufe of amputation at our infirmary. In the advanced ftage of this diforder, there can be little hope of arrefting its deftructive progrefs by any means; but, where the patient has applied early, a fucceffion of blifters, and healing with the faturnine lotion, have obtained a preference in my own practice over every other mode of topical treatment. Neverthelefs, this muft not be underftood as fuperfeding fuch internal remedies as may be indicated, and among thefe the occafional ufe of emetics will not be neglected.

Manchester, Dec. 8, 1801. W. SIMMONS.

On the Urinary Stones and Gravel in Men. *By* Cit. Fourcroy.

[Continued from Vol. VI. pp. 527—534.]

Sect. 3. *On the claffification of urinary ftones.*—The old claffification of urinary calculi, made according to their figure and their fize, cannot at prefent, where we have acquired fo accurate a knowledge of their internal nature, be retained, as they ought rather to be claffed according to their conftituent particles; however, no regard is to be had to the animal matter, as being found in all urinary concretions, and having no influence on their refpective difference. On comparing

paring the reſults of the analyſes of more than 600 ſtones, I am induced to bring them under three genera; *the firſt* of which comprehends ſuch ſtones as are merely compoſed of one ſubſtance, beſides the animal matter; *the ſecond* contains urinary concretions, conſiſting of two ſtony ſubſtances, beſides the animal matter; and *the third* compriſes all thoſe which are formed by more than three calculous ſubſtances. Theſe three genera comprehend about 12 ſpecies, namely, the firſt genus three, the ſecond ſeven, and the third two; all of which I ſhall now deſcribe; but I muſt previouſly remark, that the number of the genera, as well as of the ſpecies, is only determined after the obſervations hitherto made, and may conſequently be increaſed in future.

1. *The firſt ſpecies* of urinary concretions conſiſts of lithic acid, and ſtones of this kind moſt frequently occur, as there were amongſt 600, about 150. They are eaſily diſtinguiſhed by their reddiſh or high yellow colour, much reſembling that of wood, by their brittle, radiant-like, homogeneous, and fine texture, and by their perfect ſolubility in the lyes of fixed alkalis, without diſengaging the ſmell of ammonia. Their ſize varies from the bigneſs of a pea to that of a duck's egg, &c. and their figure is roundiſh, ſpheroidical, compreſſed, oval, oblong, &c. the ſurface poliſhed like marble, but frequently rough and warty; of a crimſon light red, yellowiſh, light brown colour, but never white, grey, or black; their ſtrata differ in number and thickneſs, and are frequently of a ſmooth ſurface. The ſpecific weight of theſe ſtones is from 1,276, to 1,786, but generally more than 1,500. The urinary concretions in the kidneys are moſtly of this ſpecies.

2. *The ſecond ſpecies* is compoſed of lithate of ammonia, and differs from the former by diſengaging ammonia on their being diſſolved in the lyes of fixed alkalis. Concrements of this kind are generally ſmall, of a pale or grey colour, and conſiſt of fine ſtrata, eaſily ſeparable from each other; they moſtly contain a kernel, which is eaſily ſeparated from the ſtrata that cover it. Their figure is generally oblong, compreſſed like almonds, and of a ſmooth ſurface, which is frequently cryſtalline. Their ſpecific weight varies from 1,225 to 1,720. They are entirely ſoluble in water, particularly when previouſly pulveriſed. All acids, principally the muriatic acid, deprive them of the ammonia, leaving the pure lithic acid behind. They are frequently found covered with a thin ſtratum of lithic acid. Amongſt 600 calculi there were but few of this kind.

3. *The third ſpecies*, conſiſting of oxalat of lime, are eaſily to be diſtinguiſhed by the protuberances and inequality of their ſurface, whence they have got the appellation of mulberry-like

like ftones; by their hardnefs, grey colour, folid texture, their polifh like ivory, in the infide, and their particular fmell on being fawed, which refembles that of femen. A peculiar characteriftic, which diftinguifhes them from all others, confifts in their leaving lime after the calcination, in their being with difficulty foluble in acids and not foluble in alkalis, and, at laft, in their being only decompofed by the lees of carbonats of alkali. They weigh from 1,428 to 1,976, and their fize varies from that of a calculus renalis to the bignefs of an egg or more; their figure is generally fpherical or fpheroidical. They often make the kernel of other ftones, in which cafe they belong to another fpecies. In 300 ftones they bore the proportion of about $\frac{1}{4}$ or $\frac{1}{5}$.

4. *Stones of this fpecies* contain lithic acid and phofphat of earth, but in a feparate ftate. Their furface is white, cretaceous, brittle, and half-tranfparent, as it either confifts of phofphat of lime, or of phofphat of ammoniacal magnefia, the kernel being formed by lithic acid; thus both conftituents are exactly feparate from each other. They were found in the proportion of $\frac{1}{12}$ amongft the ftones that were examined by us, and they grow bigger than any of the reft, as they appear from the fize of an egg to that of the whole bladder, even when extended. They generally have an oval form, often pointed at one end, of a fmooth furface, which, however, is frequently covered with cryftals of phofphat of ammoniacal magnefia. Sometimes the lithic acid in the middle is alternately covered with phofphat of lime, and phofpat of ammoniacal magnefia. The fpecific weight of thefe ftones is extremely variable.

5. *The fifth fpecies of calculi* contains, likewife, lithic acid and phofphats of earth, but intimately mixed with each other. Of thefe ftones a great many varieties are obferved, depending on the proportionable quantity of their conftituent particles, as well as on the ftrata in which they lie above one another. The chief conftituents, the phofphats of earth, are feparated in different ftrata, but fometimes fo intimately mixed with each other, that it is impoffible to diftinguifh them with the eye; and the analyfis could only fhew their difference. From this circumftance arife the variety in the colour, figure, and number of the ftrata. The colour, however, is generally grey, but frequently variegated like marble, fometimes like foap. Their figure is irregular, oval, or globular, and the furface moftly brittle, cretaceous, or whitifh, as to make us believe that they only confift of phofphat of lime. The polyedrous ftones generally belong to this fpecies, when they have the appearance of being worn away by rubbing. They make about $\frac{1}{5}$ of the

ftones

ſtones we have examined. Their ſpecific weight varies extremely, the leaſt being 1,213, the greateſt 1,739.

6. *This ſpecies* is conſtituted by lithat of ammonia and phoſphat of earth, *i. e.* of lime and ammoniacal magneſia; and reſembles in its external appearances the fourth ſpecies. One of the conſtituents, generally the lithat of ammonia, makes the kernel, while a mixture of the two others, but rarely one by itſelf, forms the cruſt. Sometimes, however, the kernel contains alſo the phoſphats, and the cruſt a little lithat of ammonia, which, even in ſome varieties, is mixed with pure lithic acid. The ſtrata in ſtones of this kind are more eaſily ſeparable, and always ſmaller than thoſe of the fourth ſpecies. Their ſpecific weight is 1,312 to 1,761; and they are more rarely met with than moſt of the reſt. Amongſt 600 there were only 20 of this kind.

7. Stones of the *ſeventh ſpecies* conſiſt likewiſe of lithat of ammonia and phoſphat of earths, but intimately mixed with each other. They are of a paler colour, much lighter than the fifth ſpecies, and diſengage a great deal of ammonia on their being treated with kali. We found them only in the proportion of $\frac{1}{40}$ amongſt the ſtones which we have analyſed. They never grow ſo large as the two former.

8. The conſtituent particles of the *eighth ſpecies* are phoſphat of lime and phoſphat of ammoniacal magneſia. The pure white colour, the friability, their being inſoluble in alkalis, and their eaſy ſolubility even in weak acids, conſtitute the chief characteriſtics of this ſort of ſtones, of which we found about 60 amongſt 600: Sometimes they are of an enormous ſize, of irregular form, rarely round, but frequently of an uneven ſurface, and reſembling an incruſtation. Their texture is formed of white brittle ſtrata, ſometimes interwoven with ſolid half-tranſparent cryſtals of ammoniacal magneſia. The cruſts formed on foreign bodies that happened to penetrate into the bladder, belong to this ſpecies; the ſpecific weight of which is 1,138 to 1,473.

9. This ſpecies of ſtones contain oxalat of lime, but externally uric acid, in more or leſs quantity, and are only to be diſtinguiſhed by the kernel from the firſt ſpecies. The proportion of both conſtituents, and the ſpecific weight, vary extremely, the latter being 1,341 to 1,754. Sometimes the kernel, conſiſting of oxalat of lime, is only covered on one ſide with uric acid, and diſcernible on the other by the protuberances with which the ſurface is variegated; which variety, however, ſeldom occurs.

10. Stones of this ſpecies have, in their centre, oxalat of lime, ſurrounded by phoſphat of earths; the kernel is grey or brown

brown and radiant-like, the cruſt white and cretaceous; their ſize and figure differ extremely, and their ſpecific weight is from 1,168 to 1,752. They amount to $\frac{1}{5}$ of the ſtones we have examined.

11. This ſpecies contains ſtones compoſed of three or four calculous ſubſtances, namely, of oxalat of kali, phoſphat of earths, and of uric acid, either pure or combined with ammonia. They rarely occur; and amongſt 600 ſtones we only obſerved ten or twelve. They often conſiſt of three diſtinct ſtrata, viz. In the interior, of oxalat of lime; in the middle, of lithat of ammonia; and the exterior, of phoſphats of earth, which are frequently mixed with uric acid or lithat of ammonia, all which are diſtinguiſhed on their being ſawed through. This ſpecies comprehends three varieties; the firſt of which conſiſts of oxalat of lime, uric acid, and phoſphats of earth; the ſecond contains lithat of ammonia, combined with pure uric acid, and the two other conſtituents; the third has, beſides theſe two ſubſtances, free uric acid and lithat of ammonia, mixed with the phoſphats of earth. We forbear to mention other varieties of this ſpecies, as being leſs remarkable and inſtructive.

12. The laſt ſpecies of calculi is of a very complicated compoſition. The ſiliceous earth ſeems to have taken the place of the oxalat of lime; it is mixed with uric acid and lithat of ammonia, and covered by phoſphats of earth. Stones of this kind are the rareſt of all, and there were only *two* amongſt 600.

Sect. 4. *On the cauſes of the generation of urinary calculi.*— To inquire into the cauſes by which urinary concretions are produced, is both intereſting and uſeful, however attended with the greateſt difficulties. The writings of medical authors are full of conjectures and hypotheſes with regard to this ſubject, on which nothing could be aſcertained before we had acquired an accurate knowledge of the nature of urinary concretions. It is owing to this circumſtance that the moſt enlightened phyſicians acquieſced in aſcribing the immediate cauſe of them to a ſuperabundance of terreous matter in the urine; and Boerhaave, as well as, particularly, Van Swieten, imagined that the urine of all men contained calculous matter in the natural ſtate, and that for the generation of ſtones a kernel was only required, to attract it. That this may be the caſe, in ſome inſtances, is proved by frequent experience; but ſtones produced by foreign bodies, that have accidentally got into the urethra or bladder, are always white and compoſed of phoſphat of earths, and ſeldom or never covered with lithic acid, a ſubſtance which is obſerved to form the ſtones that moſt frequently occur; but even in theſe the kernel conſiſts of a ſubſtance formed in the body

body itſelf, as a grain deſcended from the kidneys, &c. which muſt, therefore, have neceſſarily originated in a peculiar internal cauſe. A ſuperabundance of uric acid in ſtony patients, and its more copious generation than in a ſound ſtate, though it ſeems to be one of the principal and moſt certain cauſes, is by no means ſatisfactory, as it only explains the precipitation of ſtony matter from the urine, but not why it unites in ſtrata. A coagulating ſubſtance is required for ſeparating, attracting, and, as it were, agglutinating the condenſible particles that are precipitated. This ſubſtance is undoubtedly the animal matter which we have conſtantly found in all calculous maſſes, and which ſeems to conſtitute the baſis of ſtones, like the membranous gelatina that of bones. It is known that the urine of calculous patients is generally muddy, ductile, in threads, ſlimy, and as if mixed with albumen, which quality it obtains at the moment when the ammonia is diſengaged, or on the addition of kali that ſeparates it from the acid in which it was diſſolved ; and in all caſes of ſuperabundance of lithic acid the urine contains a great quantity of that animal matter, which promotes the precipitation of it, and attracts and unites the particles thus ſeparated. Hence it appears, that every thing capable of increaſing the quantity of that pituitous gluten in the urine, may be conſidered as the remote cauſe of calculous formations. And the old ideas on pituitous temperaments, or ſuperabundant pituita, &c. which were thought to diſpoſe people to a calculous, ſeems to be connected with the late diſcoveries on the nature of urinary ſtones. Though the animal matter appears to be different in different calculi, yet it is certain, that every calculous ſubſtance contains an animal gluten, from which its concrete and ſolid ſtate ariſes ; whence we may fairly ſtate the ſuperabundance of that ſubſtance as the chief and principal cauſe of calculous formation.

There are, however, other cauſes which ſeem to have a particular influence on the nature of urinary ſtones and the ſtrata in which they are formed ; but it is extremely difficult to penetrate and to explain them. We are, for inſtance, entirely ignorant of the manner in which urinary ſtones are formed from the oxalat of lime ; though, from their occuring more frequently in children than in adults, we might be entitled to aſcribe them to a diſpoſition to acor, a cauſe conſidered by Boerhaave as the general ſource of a great number of diſeaſes incident to the infantile age. This opinion ſeems to be proved by the ideas of Bonhomme, phyſician at Avignon, on the oxalic or ſaccharic acid, as the cauſe of mollities oſſium in the rickets ; by this acid being diſcovered in a ſpecies of ſaliva by Brugnatelli ; and, laſtly, by an obſervation of Turgais, who found this acid in the urine of a child diſeaſed with worms. We but rarely obſerve

saccharic acid in the human body, which appears to be mostly adventitious, and by which the animal matter is rendered coagulable, and deposited or precipitated with the oxalat of lime; or the oxalic acid decomposes the phosphat of lime, and forms an insoluble combination incapable of being any longer kept dissolved in the urine. It is, however, extremely difficult to determine how far the constitution of the body is connected with that particular disposition in the urine, of precipitating sometimes phosphat of lime mixed with oxalat of lime, sometimes phosphat of ammoniacal magnesia, either by itself or mixed with lithic acid, &c. &c. Who can explain the reason, why of 600 stones there were only two in which siliceous earth could be traced? Still more difficult it is to explain the causes why the above substances precipitate either at once or in different strata; but it may suffice to have shown how many observations and experiments are required, and what accurate attention and perseverance are necessary in order to throw light on so difficult a subject. We are only enabled to obtain satisfactory explanations concerning those questions by an accurate chemical analysis of the urine of calculous patients in different years of their age; an undertaking which, however difficult, has enriched us with some interesting and successful results, which I shall communicate in the following paragraph:

[To be continued.]

On the sanative Powers of Lime Water in Diabetes, by Dr. A. J. Schutz.

THE nature of diabetes is not yet so clearly ascertained as to enable us to establish a sure, and as it were, scientific method of treatment for the cure of this remarkable disease; but we may venture to say, that the practice employed for that purpose is entirely empirical, and the general indication of cure merely confined to the preceding debilitating causes, as cold, fright, fatigue, &c. according to which roborant, astringent, diaphoretic, antispasmodic, anti-acid, &c. remedies were used, though they proved very rarely successful in performing a lasting cure. The only, or at least surest, way of arriving at a radical mode of treatment in that disease, is by accurate observations, by means of which we may be led by conjectures, as well as by farther experience, to know the action of a certain class of remedies in the different modifications in which diabetes occurs. In the year 1789, I had an opportunity of observing five cases of diabetes

diabetes of three different kinds, viz. diabetes aquofus, mellitus, and hyftericus, which were treated in the Clinical fchool at Pavia, then conducted by J. P. Frank, one of the moft celebrated practitioners of the Continent. Againft the two firft fpecies, alumen, pulvis Doveri, Dr. Griffith's myrrh and fteel mixture, and the tinctura cantharidum had fome effect, which, however, was of fhort duration; and though the diabetes hyftericus was removed by Griffith's mixture, yet the nervous fymptoms, which attended it, continued for a confiderable time. The prefcription for that mixture was thus changed: ℞. Sal. abfynthii, dr. j. folve in aqu. menth. piperit. unc. vj. adde fal. mart. factit. gr. xij. aqu. cinamom. unc. fs. M. D. S. A table fpoonfull to be taken every two hours. Mr. Jofeph Frank fucceeded in curing in the Clinical Difpenfary at Pavia, a diabetes aquofus with mercurial frictions and internal roborant medicines in the fpace of fixty-two days.

Having premifed thefe few remarks on the mode of treatment of diabetes, as far as I had myfelf obferved it, I proceed to give, by the fubfequent cafes, fome obfervations on the ufe of lime-water, in a full dofe, in feveral inftances of diabetes, by which I may prefume to contribute a fhare, however fmall, towards the cure of fo interefting a difeafe.

Case 1. The patient was by trade a butcher, fifty years old, of a lean habit and pale complexion, who had, from his youth, too much indulged himfelf in the ufe of wine and other intemperances, which mode of living he had of late been obliged to quit through poverty. His bufinefs, which was to drive cattle to the Imperial camp, expofed him to much fatigue, and frequently in fummer time he quenched his thirft with an immoderate draught of cold water, flept often in open air during night; and in one of thefe nights he caught cold to fuch a violent degree that he felt, the next morning, the greateft febrile heat and thirft; his refpiration became difficult, and his chilled feet were fwollen, in which ftate I found him on his applying to me for affiftance; he was, befides, very coftive, and had little appetite; but what he himfelf did not fo much regard, on account of the other fymptoms, was the great quantity of urine which he difcharged, whereby his fkin was parched; and he felt a burning fenfation in the bowels and a preffure in the region of the kidneys. The pulfe flow and foft; his ftrength decreafed vifibly. I defired him to meafure the quantity of urine which he excerned, and it exceeded, in the night of June 21, ten pints, though he had purpofely, notwithftanding his great thirft, confumed no more than about one pint of fluid!!—June 22. The patient complained of a fourifh tafte; the quantity of urine paffed in twenty-four hours was about 32 pints; pulfe flow; and

and only 32 ſtrokes in a minute.—June 24. He paſſed in twenty-four hours only 18 pints of urine, which looked a little bloody, exhaling a putrid ſtench; pulſe 52 in a minute.—June 25. He had again diſcharged 22 pints of urine; pulſe 54. The preſſure and ſenſation in the region of the kidney had entirely ceaſed, appetite better, but thirſt equally great. The following days the quantity of urine paſſed in twenty-four hours varied from 17 to 22 pints. The ſkin remained always dry and parched, notwithſtanding the thermometer was raiſed to 30° Reaumur; however, the patient found himſelf a little better in hot weather. After having thus convinced myſelf of the preſence and degree of diabetes, I had recourſe to the lime-water, which I got prepared from oyſter ſhells, and I ordered a wine glaſs full of it to be taken every two hours, beſides which I had volatile liniments rubbed in the lumbar region, and clyſters were applied for removing the coſtiveneſs. His thirſt increaſed at firſt, but he had hardly taken a few pints of lime-water when the quantity of urine that paſſed began conſiderably to decreaſe, not exceeding ſeven or eight pints in twenty-four hours, three days after having begun to drink the lime-water, which I, therefore, ordered to be continued to one pint a day. The ſixth day the quantity of urine paſſed in twenty-four hours was five pints. The patient was daily recovering his ſtrength; and thirteen days after the uſual quantity of only three or four pints of urine paſſed in twenty-four hours. All other ſymptoms diſappeared, while health and ſtrength returned. I diſmiſſed him, therefore, from my care, deſiring him to continue the uſe of lime-water a little longer. The patient returned to his uſual buſineſs, and has ever ſince (about eight years ago) been perfectly well.

Caſe 2. A farmer's boy, aged 19, had been ſo frightened by one of the horſes which was entruſted to his care tumbling into a ſtone pit, that he fell ſenſeleſs on the ground; and after having recovered himſelf, he felt a moſt violent thirſt, which he quenched with ſeveral draughts of cold water; from this time his health decayed viſibly, and he became very much emaciated. He applied to ſeveral quacks in the neighbourhood, by whom he was treated for three months, without any ſucceſs, becauſe none of them could diſcover the true ſcource of his malady. When I ſaw him he was extremely emaciated, and ſo weak as to be obliged to keep his bed; his ſkin was dry and parched, his belly ſhrunk, and coſtive, pulſe ſlow and full; appetite good. He complained of pains in the lumbar region, of a burning ſenſation in the bowels, and he was tormented with the moſt violent thirſt, which frequent drinking could not allay. The chief ſymptom, however, overlooked by the quacks,

was

was the great quantity of urine he paſſed, and which exceeded 18 pints a day: it was of a greeniſh colour, ſmelled like a fermenting liquor, and depoſited a great quantity of ſaccharine cryſtals. All this proved the caſe to be a diabetes mellitus. The patient having taken, formerly, ſtrong draſtics, and other diſagreeable remedies, could not be perſuaded to uſe any medicine, on which account I was obliged to have recourſe to the lime-water, which I prepared weak to make it more palatable to the patient. I ordered about two pints to be taken every day. He had uſed it two days, when a topical ſweat of hands and feet came on, much to his relief, though the quantity of urine paſſed in one day remained the ſame; the fourth day, however, it had decreaſed one half. Having continued the lime-water for ſome time, the patient became daily better; his ſtrength returned, his pulſe was quicker; he was able to leave his bed and to walk about in the houſe; his preternatural appetite and thirſt had conſiderably abated, and likewiſe the quantity of urine, which, however, ſtill remained ſaccharine. The patient could not be prevailed upon to continue the uſe of lime-water any farther; but fancying that nature would finiſh the cure, he was determined neither to drink the lime-water nor to keep to a proper diet. In a ſhort time the quantity of urine which he diſcharged increaſed again, from day to day; and thus lingering, he died at laſt quite emaciated. This caſe, however, proves the uſe of lime-water, as it is moſt probable the patient would have been cured had he continued it for a longer time.

Case 3. A man, aged 62, had been affected with diabetes mellitus for neatly three years. He was ordered to take three cups of lime-water every day, which, having uſed for ſeveral weeks, he felt himſelf very much relieved; the burning ſenſation in the bowels and regio lumborum entirely ceaſed; while, at the ſame time, his violent thirſt abated, the quantity of urine conſiderably diminiſhed, and in a month he was perfectly cured.

Case 4. A man, 72 years of age, had laboured under a diabetes mellitus for ſeveral years, which was attended with hectic fever, dryneſs of ſkin, and obſtinate coſtiveneſs. He began to take lime-water, and after having continued it for ſix weeks, the hectic fever diſappeared, the diabetes diminiſhed by degrees, and in the ſpace of three months he was perfectly cured.

Historical

Historical Statement of the Galvanic Discovery, and of the Publications that have appeared on that Subject.

THE discovery of Mr. Galvani is undoubtedly one of the most important that has ever been made in the ample field of natural philosophy, and from the extensive views which it opens to the enquiries of naturalists, it seems to deserve their utmost attention. Although we may suppose the principal works on that interesting subject to be known to professional naturalists, yet it may not be improper to give an account of all the transactions on that most important phenomenon to the public at large, which, however, we purpose to be merely historical, because it would be unjust to criticise the more early theories and hypotheses relating to that object, guided by the late discoveries with which it has since been enlightened.

The first traces towards the discovery is found in the following book, where, however, it was overlooked, and soon buried in oblivion.

Sulzer's Theorie der angenehmen und unangenehmen Empfindungen; *i. e.* Theory of agreeable and disagreeable Sensations, translated from the French into German, under the direction of the author, with additional remarks in Sammlung Vermischter Schriften zur Beforderung der Schonen Wissenschaften; *i. e.* Collection of Miscellaneous Writing for the Improvement of Belles Lettres and Free Arts, Vol 5, No. I, Berlin, 1762; and also in J. G. Sulzer's Vermischte Schriften, *i. e.* Miscellaneous Writings. Leipzic, 1773.—"When two pieces of metal," says Mr. Sulzer, "one of lead and the other of silver, are joined together so that their edges make one surface, a certain sensation will be produced on applying it to the tongue, which comes near to the taste of martial vitriol, whereas each piece by itself betrays not the least traces of that taste. It is not improbable, he continues, but that by the combination of the two metals a solution of either of them may have been produced, in consequence of which the dissolved particles penetrate into the tongue; or, we may conjecture, that the combination of these metals occasions a trembling motion in their respective particles, which, exciting the nerves of the tongue, causes that particular sensation."—This hint, however, seems to have been disregarded till Galvani published the following work:

Aloysii Galvani de Viribus Electricitatis in motu Musculari Commentarius, 1791, pp. 58, 4to. Bologna, for the Institute of Sciences; which was soon followed by other publications relating to animal electricity, viz.

Lettera

Lettera del Dottore Eusebio Valli sul l'Elettricità Animale ad un suo Amico. Pavia, 1792, pp. 15, 4to.

Memoria sul l'Ectricità Animale, inserité nel Giornale Fisico-Medico del Sigr. Brugnatelli; *i. e.* Memoir on Animal Electricity, inserted in the Physical and Medical Journal of M. Brugnatelli. Pavia, 1792, pp. 147, 8vo.

A. Galvani Abhandlung ueber die Kraefte der Thierischen Electricitat auf die Bewegung der Muskeln, &c. *i. e.* Treatise on the Effects of Animal Electricity on Muscles, together with some writings of Messrs. Valli, Carminati, and Volta, on the same subject; a translation, edited by Dr. J. Meyr, with four plates, 1793, pp. 183. Prague, for Calve, 8vo.

Schriften ueber die Thierische Electricitæt; *i. e.* Memoirs on Animal Electricity, by D. Alexander Volta; translated from the Italian by Dr. J. Meyr, 1793, pp. 144. Prague, for Calve, 8vo.

The work of the celebrated Galvani is divided into four parts, the first of which treats of the effect of electricity, which is produced by art; the second of the action of atmospherical electricity; the third of the effect of what he calls animal electricity; and the fourth contains some conjectures and conclusions. But he confesses, with an ingenuity which always attends true merit, how much of his discovery is owing to accident, and he never dissembles the false conclusions to which he was misled by the first view of each new phenomenon.

Whilst Mr. Galvani was dissecting a frog on the table, whereon accidentally stood an electrical machine, one of his pupils happened to touch the nervus cruralis of the frog with the point of the dissecting knife, upon which, immediately, the muscles of all the members were convulsively contracted. Another standing by, thought he observed that this phenomenon took place when a spark was drawn from the conductor of the machine, an idea which was afterwards confirmed; for, on touching the same nerve of another frog, and likewise pricking it in order to assure himself whether it was owing to his having accidentally wounded the nerve, without drawing a spark at the same time, not any motion ensued; but if the nerve was touched with the point of a knife, at the time when he had ordered a spark to be taken from the machine, the same phenomenon appeared again. On repeating the experiment with the same knife, the motions were sometimes stronger, sometimes weaker, and sometimes disappeared entirely, which was found to arise from the manner in which he happened to hold the knife; because when he held the handle, which was of bone, the animal remained motionless; but as soon as he touched the metallic part the contractions were immediately produced. In order to

determine whether this phenomenon depended on the idioelectric nature of the dry bone, or on the conducting property of metal, Mr. Galvani changed the knife for a clean glaſs tube, and for an iron cylinder, but the above phenomenon never appeared on applying the glaſs tube to the nerve, even when very ſtrong ſparks were drawn, whereas it was immediately produced by the leaſt ſpark on applying the iron cylinder. Thus Mr. Galvani found it confirmed, that for producing the above phenomenon the contact of a conducting body with the nerve was requiſite.

When the iron cylinder was applied to the nerve, without being held by the hand of any body, the drawn ſpark occaſioned no motion, whereas the contraction came on when, inſtead of the cylinder, he took a long iron wire, ſo that a certain length and extenſion of the conducting body ſeemed to be required for effecting the above phenomenon. Theſe conducting bodies were called by Mr. Galvani nervous conductors. The experiment likewiſe ſucceeded at a diſtance, by very long inſulated conductors in animals prepared for that purpoſe, particularly when a conducting tube was hung at the feet of the frog, communicating with the floor; theſe conductors he diſtinguiſhed by the name of muſcular conductors. After having made a great number of experiments in a different manner, viz. by interrupting the free courſe of electricity, by coating the nervous conductor to their ends with an electric ſubſtance, and by applying negative electricity, the electrophor, &c. the effect of atmoſpherical electricity on muſcular motion remained to be examined. To this end he raiſed a long and proper conductor, which was inſulated on the roof of a houſe, from which frogs, or the legs of warm blooded animals were hung by the nerves; another conductor being attached to their feet went into the water of a well. As ſoon as it began to lighten, the muſcles were ſeized with violent and repeated contractions, which, like the lightning, preceded the thunder; theſe contractions even enſued, when no muſcular conductor had been applied, and the nervous conductor not inſulated; they where even obſerved when the conductor was raiſed on lower places, and in gloomy weather. The experiments ſucceeded with dead animals as well as with living, but the mere lightning without thunder produced no movements.

Theſe curious experiments happened to give riſe to the proper Galvanic diſcovery. Mr. Galvani being curious to know what effect atmoſpherical electricity might have in quiet and clear weather, he ſuſpended ſome frogs on metal hooks, fixed in the ſpine of the back, from the iron rails of his garden, and he obſerved thoſe contractions, not only when it lightned, but alſo

alſo in clear and quiet weather. At firſt he thought, that the cauſe of theſe contractions might ariſe from changes in the electricity of the atmoſphere, but upon a more minute examination, he found that on bending the hook with which the ſpinal marrow was perforated, towards the iron rails, in order to ſee whether muſcular motion might be thus produced, and whether any difference or change in the ſtate of atmoſpherical electricity would manifeſt itſelf, he began to conceive, that the contractions did not relate to this ſtate of the atmoſphere! Having however, only ſeen theſe contractions take place in open air, he was, notwithſtanding, inclined to aſcribe them to the atmoſpherical electricity, which running over into the animal, may there be accumulated; and he imagined, that hence it might be vehemently diſcharged at the contact of the hook with the iron rail; but he was ſoon undeceived. Having placed a frog upon an iron plate in his room, he happened to preſs it againſt the plate with his diſſecting forceps, upon which the contractions immediately took place. The experiment ſucceeded with all metals, but never on employing non-conducting ſubſtances. Induced by theſe experiments, our author began to ſuſpect the animal to poſſeſs an electricity of its own; a conjecture which appeared to him to be confirmed by the phenomena of a circulation from the nerves to the muſcles, ſimilar to that taking place in the Leyden phial; for on holding a frog that had been previouſly prepared for the experiment by a hook fixed in the ſpine of the back, with one hand, ſo as to let the feet reach a ſmall ſilver cup, and on touching the cup with the other hand by means of a metallic body, the animal fell into violent convulſions. If one perſon held the prepared frog while another touched the cup, no movements were excited, but they immediately enſued when they took hold of each other. If both laid hold of a glaſs tube, the contractions were likewiſe not excited, but they came on when they took an iron cylinder inſtead of the glaſs tube. The inveſtigation of this ſubject was farther proſecuted by a ſeries of experiments. He firſt placed a frog on an electric plate, and touched the animal ſometimes with a conducting arch of iron, ſometimes with an arch but for a part electrical, ſo that he brought one arm in contact with the copper hook which ſecured the animal, the other arm to the femoral muſcles; the movements were produced in the firſt experiment, but in the other, the animal remained motionleſs. Hence he concluded, that the motions proceeding on the iron plate had been owing to a ſimilar arch repreſented by that plate.

[To be continued.]

To the Editors of the Medical and Physical Journal.

"Humanum est nescire, et errare."

GENTLEMEN,

YOUR last Journal presented us with a statement of a case of *Apoplexy*, which, it seems, excited no small degree of altercation between the medical practitioners in attendance. We lament that men of scientific minds, and liberal sentiments, should so far misunderstand or oppose each other, as to render an appeal to the medical world necessary; but when, for reputation's sake, such an appeal becomes *indispensable*, we hope, from the collision of sentiments discovered on the nature and treatment of the disease in question, other practitioners may be induced, with more accuracy, to investigate its causes, in order more successfully to effectuate a cure.

It scarce needs be observed, that *apoplexy* ranks amongst the most formidable in the dread catalogue of diseases to which the human frame is incident; therefore, when the case is a *decided* one, a hesitancy of opinion respecting the mode of treatment may be attended with the most serious consequences, as to the fate of the patient, and the reputation of the practitioner. It becomes then highly necessary to have as clear a conception of the nature of the malady as possible, although we have to lament, that, not unfrequently, the most judicious plan, conducted by the ablest in the profession, proves abortive.

Apoplexy, with great justness, I think, has been divided into two classes, the Sanguineous, and Serous; the first, occasioned by extravasation of blood, the other by exudation of lymph, or serum, in the ventricles of the brain; *both* compressing the origin of the nerves, and producing, more or less, a derangement of the vital functions, and loss of voluntary motion. But as the temperature of the subjects which give rise to these exciting causes vary, it remains to be enquired, how far a similar treatment is likely to succeed in both.

Not to enter into any thing disputatious on the subject, I beg leave to recite two cases which fell under my own observation within the course of a few months; the one I would call *sanguineous*, the other *serous*: And, when I have mentioned the plan of treatment in each, I leave the reader to form his own judgment. A lady, about fifty-three years of age, of a nervous habit, who had been accustomed to head-achs for many years, went one day to visit a friend at a small distance from her habitation, and was seized with a slight affection of the head during her continuance there, which gave some alarm

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but which in a little time ſubſided, and ſhe was enabled to walk back again to her own houſe; ſhe ate her dinner as uſual, and went to repoſe herſelf in bed; in a ſhort time afterwards, ſhe made a ſignal for ſome part of the family to come up ſtairs; when ſhe was found in a torpid ſtate, hardly able to deſcribe her feelings. I was ſent for immediately, and on my arrival found her incapable of articulating; her pulſe was rather ſlow, and her breathing ſomewhat laborious. I ordered her a medicine for the preſent, and unleſs any favourable alteration ſhould take place in two or three hours I recommended a phyſician to be called in, which was accordingly complied with. The caſe now appeared to be a *confirmed apoplexy*. She was ordered to be cupped, and ten ounces of blood were drawn from the temples. A large bliſter was applied to the ſternum, acrid clyſters were adminiſtered, and a volatile draught attempted to be given every three hours. But as the muſcles of deglutition were conſiderably affected, and ſwallowing became extremely difficult, we were under the neceſſity of deſiſting from all attempts to adminiſter any thing *internally*, and to confine ourſelves alone to outward applications. Stimuli, ſuch as volatile alkali, &c. were applied to the ſurface of the body, and likewiſe ſinapiſms to the feet. The clyſters were repeated, but without effect. She continued in this ſtate of torpor from Thurſday afternoon till the following Sunday night, when death cloſed the ſcene. Permiſſion was obtained to open the head, when about three ounces of extravaſated blood were found in the *left* ventricle of the brain, and nearly an ounce of ſerum in the *right*; which more than ſufficiently accounted for the train of formidable ſymptoms preceding her diſſolution.

The other caſe I alluded to, was that of an elderly man between fifty and ſixty; of a pale, phlegmatic conſtitution, remarkable for obeſity, which had been accumulating for a number of years, inſomuch as to render it extremely burdenſome to him, and incapacitating him from bodily exerciſe for ſome years previous to his laſt illneſs. He became exceedingly debilitated at length, and was confined to his bed. In this ſituation I was deſired to viſit him. There was no *organic affection* manifeſted when I firſt attended him, but general debility ſeemed to prevail. An eruption of the eryſipelatous kind appeared in ſome parts of the body, which put on ſomewhat of a livid appearance. The indication here, I thought, was plain and obvious. To ſupport the ſyſtem by a courſe of ſuitable tonics, attending to the ſtate of the bowels, and recommending a nouriſhing diet, appeared to me the moſt rational plan of treatment. This was perſevered in for about a fortnight; but I am ſorry to ſay, without any manifeſt advantage; the appetite became more

and more impaired, the patient discovered a *comatous* disposition, unwilling to be disturbed and somewhat unable to speak. The case now wore an unpromising aspect. The friends became anxious; and to afford them every possible satisfaction, I recommended the same Physician as in the former Case, who was accordingly called in. From the general appearance of the symptoms, he pronounced the disease *Apoplexy*. Accordingly, twelve ounces of blood were ordered to be taken from the arm, a large blister to be applied between the scapulæ, and a purging medicine administered every two hours till it operated. In the evening of the same day, the attendants perceived an alteration in the patient, not of the most favourable tendency; for although he seemed in some degree relieved for a little time, yet, afterwards, he sunk gradually lower and lower; colliquative sweats came on, the extremities began to grow cold, and about eleven or twelve o'clock at night he imperceptibly fell into the arms of Death, without a convulsive struggle or a groan.

In neither of these cases did the stomach seem to be affected; and if it had, I should have considered it not as the *primary* cause of the disease, but symptomatic, by means of nervous consent, and therefore should have judged the exhibition of an *Emetic* an injudicious if not a dangerous remedy. How the doctrine could be advanced by a physician of the late Doctor Fothergill's celebrity, I confess I am at a loss to account for, therefore I must submit it to those who are far more capable of reasoning on his Theory than myself.

I forbear making any further Comments, contenting myself with relating the above Cases just as they occurred. If the recital should tend to induce other practitioners to reflect any further light on a disease so tremendous in its nature, and generally fatal in its termination, I shall feel myself highly gratified; although it will be readily granted, that our hopes of success are necessarily less sanguine in the treatment of this disease, than in most others to which the human system is subject.

I am, yours, &c.

Piccadilly, Dec. 10, 1801. H. DAVIES.

Dr. Langslow, *(in Explanation) upon Apoplexy.*

To the Editors of the Medical and Physical Journal.

Gentlemen,

SINCE the publication of your laſt Number, a Report has been circulated in this neighbourhood, either from a miſconception of my reaſoning, or from a worſe motive, That in my Anſwer to Mr. Crowfoot upon Apoplexy, I have intended to aſſert, that *no* caſe of that diſeaſe ever *did* or *can* occur without extravaſation of *blood* upon the brain.* Now, I truſt that no candid inveſtigator of the doctrines there advanced will diſcover any *real* ground for ſuch a report.

That I conceive "*preſſure upon the brain*" to be the general cauſe of Apoplexy is true; and it is equally ſo, that I am of opinion the compreſſing fluid is ſometimes (particularly in thoſe caſes which terminate without leaving paralyſis) *ſerous*. That a very large proportion of the fatal caſes of Apoplexy are occaſioned by the effuſion of red blood from *vaſcular rupture* in the brain, I think there is little doubt; indeed, repeated diſſections confirm this idea; I have myſelf, in the courſe of thirty years pretty extenſive practice, inſpected many, and generally found blood, in ſuch unfortunate inſtances, the compreſſing cauſe: And this opinion is ſtill farther corroborated by the experience of the truly ingenious Dr. G. Fordyce, who aſſures me, he has found this to be the ſource of Apoplexy ſo generally, as to induce him to think it rarely ariſes from any other cauſe.† But, on

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* Upon referring to Mr. C's ſtatement, I obſerve that he ſays, upon my return from the ſick chamber, &c. &c. to the parlour, "that I declared there was *conſiderable* extravaſation of *blood* upon the brain, &c. &c." Now the parties who were preſent at that converſation, aſſert that they did not *hear me* uſe either the word *conſiderable* or *blood* upon that occaſion. From this circumſtance, and the expreſſion being directly repugnant in its import to my *opinion*, I think myſelf juſtified in denying this part of Mr. C's paper; nay, I never did conſider the extravaſation as *conſiderable* in this inſtance, nor did *I ever* think the compreſſing fluid *blood*, which was my motive for laying ſo much *ſtreſs* on the term *exudation*, at our ſubſequent altercation upon the ſubject, when Mr. C. thought proper to declare the *two* words conveyed a diſtinction without a difference; but it will ſurely be allowed, that *increaſed exudation* from the exhalants, and effuſion from a ruptured blood-veſſel, may prove extremely different in their ſubſequent effects upon the ſyſtem, notwithſtanding the general term *extravaſation* would apply with equal propriety in *both* caſes.

† He informs me the late celebrated anatomiſt, Mr. Cruikſhanks, died of apoplexy; that he was preſent at the diſſection of the brain, and found extravaſation of *blood* the cauſe of his death.

on the other hand, ought it not to be considered, that as *all* the cases in which the brain has been examined by Dr. G. F. and myself, the Apoplexy ended in death; it will by no means follow, that the disease, when terminating favorably, *must necessarily* have been produced by an exciting cause *exactly* similar? Nay, I am inclined to believe, and I shall probably be supported in *such* an opinion by many of your Readers, that in some of those cases where the functions of the brain are *partially* restored in a few hours, after the compressing cause has been applied, and the absorbents have *so speedily* been enabled to *diminish* the compressing cause, that in *such instances* the source of pressure has probably been the exudation of *serous fluid* driven through the orifices of the exhaling arteries. And I conceive it is by no means unlikely, this was the case with the patient whose apoplectic attack has been the source of the present controversy, as the symptoms of pressure on the brain began to decline in about twenty minutes, or half an hour, after she was bled; which (supposing the cause to be exuded serum) was time sufficient to admit of the absorbents taking up *such* a portion of the extravasated fluid, as would allow *a partial* restoration of the sensorial functions. That the administration of a vomit, in *such* a case, would have been severely censured by a large majority of your Readers, I have no doubt; and I feel it incumbent upon me before I conclude, to state, that if I find what I have already written upon this important subject honoured with the approbation of yourselves and numerous Correspondents, that I shall be encouraged, at some future period, when less urgently pressed by professional engagements, to trouble you with some farther Observations upon the Cause and Treatment of this very alarming and dangerous malady; when I shall expect to experience but little difficulty in making it appear, that the suddenly fatal termination of some cases of Apoplexy which have formerly occurred in this county, did probably arise from a treatment *founded* upon the following strange hypothesis,— "That the Cause of Apoplexy exists in, or originates from, the Stomach, and that Vomits are, *consequently*, the best, most efficacious, and judicious Remedies in *such Cases!!!* the affections of the brain being merely symptomatic, or a secondary effect."* It will be useless to point out to the generality of your Readers, the fatal and dangerous tendency of such a doctrine, or the urgent necessity for its *immediate* refutation; I shall, therefore, sanguinely hope for your and their assistance in my endeavours to accomplish this humane and benevolent purpose. With apologizing for my long trespass on your time and paper

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both in the last and present Number of your truly valuable and useful Journal, I subscribe myself,

Yours, &c.

R. LANGSLOW, M.D.

Halesworth, Suffolk, Dec. 10, 1801.

P. S. The provincial paper of this week announces the publication of a pamphlet, entitled, "Observations on the Opinion of Dr. Langslow, that Extravasation is the general Cause of Apoplexy." Report states this work to be the joint production of Dr. Girdlestone and Mr. Crowfoot. I have not yet seen it; but a Physician being *said* to have had a hand in composing it, I shall feel myself bound to pay it *immediate* attention: And if I find the arguments it contains are intended to support Mr. Crowfoot's opinion, "That the general cause of Apoplexy *is not* extravasation or *pressure on the brain*, I shall expect but little difficulty in refuting them.

Extract from the Ipswich Paper.

Halesworth, Dec. 13, 1801.

APOPLEXY.

Dr. Langslow thinks it necessary to state, he did not see Mr. Crowfoot's Observations on Apoplexy till this day, or this card would have appeared in last week's paper. He there finds the report circulated of Dr. Girdleston's *supporting* Mr. C's theory of the cause of Apoplexy *confirmed*, (i. e. "That pressure on the brain *is not* the general cause of Apoplexy, but that it exists in, or originates from, the stomach, and therefore vomits are the best and most judicious remedies in such cases ! ! !")

Dr. L. consequently *now* considers himself at issue with those two gentlemen, upon this truly important pathological question; and wishes *the future* claims of the respective parties to public favour and patronage may *rest* upon the *decision*. Dr. L. had sent (before he saw Mr. C's book) a second paper to the Medical and Physical Journal for the next month, and which he hopes will appear.

N. B. An answer to the Observations will be published as speedily as the professional avocations of Dr. L. will admit; and he trusts the candid reader, who may have been influenced by Mr. C's reasoning, will suspend his opinion on the practical merits of this production for a short time.

CRITICAL

CRITICAL RETROSPECT OF MEDICAL AND PHYSICAL LITERATURE.

[FOREIGN AND DOMESTIC.]

Versuch, &c. i. e. Eſſay, theoretical and practical, on the Effects of Medicines, by *Frederic Kretschmar*, vol. i. pp. 216; vol. ii. pp. 528. 8vo. 1800. *Halle*, for *Hemmeroe* and *Schwetshke*.

NOTWITHSTANDING the improvements and diſcoveries which have been lately made by phyſiologiſts and chemiſts in the knowledge of the virtues of medicines, and of human organization, we are ſtill far from being able to eſtabliſh a perfect ſyſtem of materia medica, or to comprehend the actions of remedies under a complete and perfect theory. Conſcious of this circumſtance, the author profeſſes his work to be nothing but a previous eſſay, on which he intends to conſtruct, in future, a completer work on the ſame ſubject; it contains, however, ſeveral intereſting hints for the practitioner, and uſeful materials for the completion of a greater work of that kind. With reſpect to the principles on which the reſearches in this work are founded, the author does not adhere to any particular ſyſtem now in vogue, but has choſen from all what he thought beſt and moſt proper. In the firſt part, he treats of the following ſubjects. *Chap. I.* Determination of the difference between medicines, poiſons, and nutriments. *Chap. II.* Manner in which medicines are communicated to the living body, and on the organs which are firſt acted upon. *Chap. III.* Laws, according to which the actions of medicines proceed. *Sect.* i. Action of medicines according to phyſical laws. *Sect.* ii. Action of medicines according to organic laws. *Sect.* iii. Action of medicines according to organic vital laws. *Sect.* iv. Action of medicines according to vital laws, or according to the laws of the vis vitalis. *Sect.* v. Action with reſpect to the reaction of ſyſtems and organs, to which he refers the laws of aſſociation and antagony of ſympathy and antipathy. The contents of the ſecond part are the following. *Chap. I.* Introduction and plan for this eſſay of a ſpecial materia medica. *Sect.* i. Reſults of experience. *Sect.* ii. Action of medicines. Analogy of action, chemical and perceptible by the ſenſes. *Chap. II.* Survey of the ſpecial or compound effects of medicines. *Sect.* i. On the emetic effect. *Sect.* ii. On the purgative effect. *Sect.* iii. On the exciting, heating, diaphoretic, and cooling effects. *Sect.* iv. Summary ſurvey of the actions of medicines on abſorption and ſecretion. *Sect.* v. On the action of abſorbing acidities. *Sect.* vi. On carminatives; and *Sect.* vii. On the anthelmintic action. *Chap. III.* Survey of the

ſpecial

ſpecial action of remedies, according to their perceptible and chemical effects. 1. On the narcotic principle of vegetables. 2. On the aromatic principle. 3. On the volatile acrid principle. 4. On the bitter principle of vegetables 5. On the aſtringent principle. 6. On acids. 7. On vegetable mucilage, gums, ſtarch, gluten, ſugar, groſs oils, &c. 8. On reſins. 9. Eſſential oils, camphor. 10. On ſpices. The work concludes with an apparatus *medicaminum.*

Medicinisch Chirurgische Bemerkungen, i. e. Medical and Surgical Obſervations, by CHR. F. SCHUMACHER, Profeſſor at Copenhagen, &c. Vol. 1, 1800, large 8vo. pp. 22. Copenhagen, Brummer.

THE author purpoſes to publiſh by degrees, the more remarkable caſes of his Hoſpital practice; and in order to enable the reader to compare more properly the courſe and ſymptoms of the diſeaſe with the effects of the remedies that have been employed, he communicates a ſeries of caſes of each principal diſeaſe. The remedies that are made uſe of are the moſt ſimple and the leaſt expenſive. When emetics are indicated, he uſes, inſtead of ipecacuanha, 15 grains of gratiola, ſometimes mixed with 5 grains of rhubarb. In the gangrene, he applies, inſtead of the bark, the cortex Hippocaſtani and ſalic; inſtead of ſarſaparilla he gives the carex arenaria. In intermittent fevers he has ſucceſsfully employed the cortex Soimydæ; in the fluor albus he found the faba pichurim, half a drachm pro doſe for three times a day, very efficacious. For bliſters he recommends a mixture of wax, turpentine, and the powder of Spaniſh flies. In contuſions, equal parts of vinegar and water are ſerviceable. After conſiderable wounds or operations, he gives a ſimple tincture of opium every two or three hours, conſiſting of op. crud. dr. j. ſpir. vin. rectific. unc. j. He employed the cortex caribæus in intermittent fevers without ſucceſs, but with ſome uſe in the lumbago; he never remarked any emetic quality of that remedy during its uſe. Such, and ſimilar remarks, are contained in this work, which deſerves the attention of hoſpital phyſicians, and of thoſe who are obliged to have recourſe to cheap and ſimple remedies. The greateſt part of this volume, however, is devoted to the leſions of the head, of which 217 caſes fell under the author's care, from the 1ſt. of November 1795, to the 1ſt. of March 1800, 127 of which ended fatally. The method of treatment conſiſts of cold fomentations on the ſhaved head, of veneſection, leeches, and the internal uſe of camphor; but he recommends, above every thing, the timely application of cold fomentations, of the uſe of which he is ſo much perſuaded, that in moſt caſes the fatal event might be attributed to their being neglected; but they ought always to be kept properly cold, by the addition of ice, ſnow, &c. Theſe are the contents of this uſeful publication, the continuation of which we heartily approve.

Observations on the Cancerous Breast; consisting chiefly of original Correspondence between the Author and Dr. Baillie, Mr. Cline, Dr. Babington, Mr. Abernethy, and Dr. Stokes; published by Permission of the Writers; with an introductory Letter to Mr. Pitcairn. By Joseph Adams, M. D. *of the Royal College of Physicians, and Physician in the Island of Madeira.* 8vo. pp. 115, Longman and Rees.

The Author of the work before us has been favourably known to the public as an acute reaſoner, an able controverſialiſt, and a very zealous defender of thoſe theoretical ſpeculations on various diſeaſes, which proclaimed the genius of the late John Hunter.

In his "Obſervations on Morbid Poiſons," (publiſhed in 1795,) Dr. Adams has taken great pains to eſtabliſh a very ſingular opinion concerning the origin of *carcinoma*, which had been merely hinted at by Dr. Hunter, and which is again urſued at conſiderable length in the treatiſe before us.

There are few diſeaſes in which the utmoſt length of conjecture, and the greateſt latitude of experiment, are more to be allowed and encouraged than in cancer.

A melancholy conviction of the extent of its ravages, and of the inability of art to check it progreſs by any certain rules, has been lately evinced by an inſtitution in this metropolis, for the expreſs purpoſe of inveſtigating the nature of this dreadful calamity; and we feel diſpoſed to give a conſiderable ſhare of attention to the conjectures advanced by the ingenious author of the preſent publication. As this is to be conſidered as a ſequel to the chapter in the *Observations on Morbid Poisons*, juſt alluded to, we ſhall beg to preſent our Readers with the ſum and ſubſtance of it in as few words as poſſible.

Schirrus, Dr. A. obſerves, or the early ſtage of carcinoma, is always compoſed of certain *cysts*, which, he thinks, conſtitute its true character, and which are filled with fluids of different complections. Mr. Hunter has ſpoken of the cyſts as being *cancerous hydatids*, and this is the opinion which Dr. A. follows up in his ſubſequent obſervations, and which conſtitutes their originality. Theſe cyſts have ſome peculiarites in their appearance and progreſs; the one, that their increaſe is not towards the ſurface, like matter in a common abſceſs, but in every direction; another peculiarity in the diſeaſe is a diſpoſition to fungate even before the ſkin is broken, and in a very high degree after it has become an open ſore. After this period the progreſs of the diſeaſe is uncertain, ſometimes with a rapid ulceration of the fungus, which, in ſloughing away, expoſes ſeveral roundiſh *foveoli*, which are the cyſts with their contents, changed from their original appearance to that of an opake pale, reſembling half diſſolved leather. This alternate progreſs, namely, of the extenſion of theſe cyſts, of the formation of fungus around them, of the ſloughing of this fungus and the conſequent diſcharge of the contents of the cyſts, and of the attempts at granulating

nulating which are made by the surrounding parts, forms the principal phenomena of this disease.

We shall not further pursue the arguments of the Author in his Observations on Morbid Poisons, in order to establish his opinion on the origin of cancer; but he concludes the subject by proposing a set of queries, wherein are the following: Is the simple hydatid the first form of carcinoma? Have these hydatids a life independent of the subject in which they grow, excepting as parasites? &c. &c.

The answer to several of these queries is given by the Author in the work which we are now to consider, and to which it is high time to revert.

This volume consists of correspondence between the Author and Dr. Baillie, Mr. Cline, Dr. Babington, Mr. Abernethy, and Dr. Stokes; in which Dr. A. states pretty fully his peculiar opinions, and his correspondents some of the objections which may be urged against them, and other very valuable illustrative facts. Perhaps it would have assisted the reader in forming a clearer idea of the Author's theory, if the facts on which it is founded had not been presented in so desultory a form; but the authenticity which is attached to original correspondence may make amends for this defect.

Almost the whole of our knowledge on that curious parasitical animal, the human Hydatid, is contained in an excellant paper by Dr. J. Hunter, inserted in the *Transactions of a Society for improving Medical and Chirurgical Knowledge,* which the author has prefixed entire to the subject matter of this work. Dr. Hunter's paper consists of the history of a dissection of a person who died with symptoms of diseased bladder, in which viscus was contained a large number of these singular animals, of a size varying from an inch and a half in diameter to that of a pin's head.

The structure of the hydatid is most clearly described by Dr. Hunter in the following words:

"As to the structure of the hydatids, it was the same in large and small; a transparent bag, uniformly round and smooth, filled with clear water. The bag appeared to consist of two coats, or layers; for, on handling them, the outer coat would get rumpled, and occasion a degree of opacity, but by wiping the hydatid it became again clear and transparent. They appeared to be completely spherical, except that the large ones were a little flattened by their own weight when laid on a plate. They adhered no where to the sides of the sac, nor to one another. When they were opened, their coats possessed a strong contractile force, so as to roll themselves up in part. On examining a number of hydatids, some of them appeared of an amber colour, and with thicker coats than the rest; and when opened, their inner surface was found covered with small hydatids, which were not so large as the heads of pins, and looked like minute pearls or studs set in the inner coat.

"Some of the water containing the small grains mentioned above, was examined with a microscope, and found to have floating in it numerous minute hydatids, of which the largest were the little

 grains

grains viſible to the naked eye, and a two hundredth part of an inch in diameter; the ſmalleſt were leſs than a red globule of blood, and they were of all intermediate ſizes. The coats of the largeſt were a little rough with numerous filaments, or *villi*; and on uſing a deeper magnifier they had ſomewhat of a mulberry appearance.

"When the young ones growing in the coats of the larger were examined with the microſcope, they were found not to be ſet in the coats, like pearls, but to be covered by a thin tranſparent membrane, ſo as to lie between two layers. It is not improbable that the ſmall globules attach themſelves by the *villi* to the ſide of the hydatid and to each other, and thereby give the appearance of being covered by a thin membrane. However that may be, the globules being found of various ſizes floating in the liquor, ſeems to prove that they are originally formed there, and not in the coats of the hydatid, upon which they are afterwards depoſited. The number of thoſe that had young ones in them, was few in proportion to the others.

"The hydatids in their growth and decay appear to paſs through various ſtages; they are firſt found floating in the fluid that fills the hydatid, and afterwards attached to its coats. The hydatid thus pregnant with young, if the expreſſion may be allowed, adheres to the neighbouring parts, increaſes in ſize, and becomes itſelf a ſac, containing numerous ſmall hydatids. Theſe, after a certain time, decay, and the ſkins or empty bags are ſqueezed together into a ſubſtance like iſinglaſs. It is probable they ſtill undergo a further change; two ſmall bodies of the ſize of the common bean, of a cheeſe-like conſiſtence, and covered with a ſkin, were taken notice of adhering to the bladder, near its neck; it may be a queſtion whether thoſe were not the remains of hydatids? but that muſt be determined by future obſervations."

The hydatids of ſheep differ from the human hydatid, in poſſeſſing beſides a more muſcular bag filled with a tranſparent liquor, a mouth or longitudinal aperture, and a neck compoſed of rings. Theſe hydatids are contained in the abdomen of the animal; others are ſometimes found in the brain, which again want the mouth and neck above deſcribed, and give the diſeaſe called the *ſtaggers*. Each kind of hydatid, when put in warm water, moves about briſkly, with a kind of periſtaltic motion of the whole body, though it has been taken out of the ſheep for ſeveral hours.

The firſt letter contained in this volume is addreſſed to James Pitcairn, Eſq. in which Dr. A. makes ſome obſervations on the ſtructure of the hydatid, and obſerves, very juſtly, that "the moſt "ſimple idea of animal life we can well form, is that of the hy"datid, conſiſting only of a membranous bag containing a tranſ"parent fluid. Thoſe in the human body give no other proofs of "life than a contractile power."

The ſecond letter is from the author to Dr. Baillie. Dr. A. firſt feelingly laments his deprivation of thoſe opportunites for improvement which London affords to the anatomiſt. "At a diſtance from ſcience,

ſcience, from hoſpitals, from diſſecting rooms, and often from books, to be thus remembered by thoſe who luxuriate in all theſe delights, may, for a time, renew thoſe ſcenes we have reluctantly left, and make us anxious to protract the charming illuſion." He alſo candidly acknowledges the defects of his former work, the Treatiſe on Morbid Poiſons.

The third letter is an anſwer from Dr. Baillie to the author, and we cannot refuſe to give our readers the following accurate and valuable remarks which it contains on the ſtructure of ſchirrus. Dr. B. obſerves, "In parts which have become ſcirrhous, I have commonly obſerved the ſtructure to conſiſt of a very firm light brown ſubſtance, interſected by membranous or ligamentous ſepta, which run in various directions. The membranous ſepta are more numerous, and of greater thickneſs in ſome caſes than in others. There is occaſionally mixed with this ſtructure a cartilaginous ſubſtance. The whole ſtructure I have ſometimes known to be cartilaginous, reſembling very much a piece of common cartilage, which had been previouſly rendered ſoft by being ſteeped for ſome time in a diſſolving fluid.

"Ulcers are often formed in ſcirrhous ſtructures, and fungous excreſcencies occaſionally grow from them. Cyſts containing a kind of ſerous fluid are ſometimes found in ſcirrhous ſtructure; but they ſeem to me frequently wanting. They occur, I believe, moſt commonly in the breaſt and teſticle, and theſe glands in a ſcirrhous ſtate I have had few opportunities of examining. From what I have obſerved, I ſhould be inclined to believe, that cyſts are only ſometimes formed in a ſcirrhous ſtructure, but are not eſſential to it. In this, however, I may be miſtaken; and it may be found by a more minute obſervation, that the formation of cyſts always conſtitutes a part of a ſcirrhous ſtructure. If you ſhould be able to eſtabliſh this or any other general obſervation about the nature of ſcirrhus, it will give me real ſatisfaction.

"I have known a ſubſtance which poſſeſſed the common characters of ſcirrhous ſtructure to be converted into a kind of bony matter. In this, I believe, that the earthy part will be generally found to be in a larger proportion to the animal part than in common bone. Muſcular and membranous parts I have known to be affected with ſcirrhus, as well as thoſe which are ſtrictly glandular. A fatty membrane I have ſeen affected with the ſame diſeaſe. The fat was almoſt as hard as a piece of griſtle."

In the fourth letter, (from the author to Dr. Baillie) he explains more at large his opinion on the nature of hydatid, and the proofs of its exiſtence in carcinoma. In this part of the ſubject the author is ſo clear and preciſe, that our readers cannot form a better idea of it than in his own words. "By the term hydatid," he obſerves, "I mean an animal, conſiſting only of a cyſt and its contents, incapable of exiſting but in living animal matter, having the powers of ſecreting or abſorbing from its nidus the food which fills its whole cavity, and of producing an offspring ſimilar to itſelf by no generative organs that can be traced. If it ſhould

ſhould be objected that the etymology of the word would confine it to thoſe cyſts which contain a watery fluid, I would remark, that ſuch is not the caſe with the common hydatid, the contents of which are coagulable, and ſometimes tinged with red particles of blood. For this and other reaſons, I ſhould divide theſe into hydatis *lymphatica*, and hydatis *cruenta*."

"That which is the ſubject of our preſent enquiry, I ſhould call hydatis *carcinomatoſa*, which, beſides the difference of its contents, has alſo the property of ſtimulating the part in which it lives to form a kind of fungus, for purpoſes I ſhall endeavour hereafter to point out: my firſt buſineſs is to prove, if poſſible, the animalcular exiſtence of carcinoma; for this fungus, though in the cancerous breaſt it is uſually conſidered as the whole of the ſcirrhus, appears to me only an appendage to the carcinomatous hydatid."

"As you have been leſs converſant with the cancer in the breaſt than the viſcera, you may, perhaps, not have examined with your uſual accuracy a quantity of apparently diſeaſed fat; which, when the part is very much enlarged, is found incloſed in different portions of the ſcirrhus, and of which the whole poſterior part of the tumour, as well as the ſpace from that to the axilla is uſually made up. This diſeaſed fat, as it is ſometimes called from its appearing thinner, more tranſparent, and of a greeniſh yellow hue, I have found to have all the properties aſcribed to the hydatid in the human ſubject."

Dr. A. then reverts to the proofs of the ſeparate exiſtence of the common hydatid given in Dr. Baillie's Morbid Anatomy. The chief is, that the hydatid of the ſheep, when taken out of the body and put into warm water, has been ſeen to move. This, indeed, has not been obſerved with the hydatid of the human liver; but as Dr. B. obſerves, the reaſon may be that the body is ſeldom examined till many hours after death. In the caſe given by Dr. Hunter, which we have juſt alluded to, he found likewiſe that the hydatids when opened, retained a ſtrong *contractile force* ſo as to roll themſelves up in part. This power of contraction, Dr. Adams obſerves, if not dependant on elaſticity, is a ſufficient proof of the life of theſe hydatids. If, therefore, the ſame property, unconnected with elaſticity, be found in the cancerous breaſt, it will be ſufficient (Dr. A. imagines) to eſtabliſh the point of the hydatid-life of this diſeaſed part. This he demonſtrates in the following manner.

"Immediately after the operation, take the amputated part, and cut it in a tranverſe, or indeed in any direction, and wherever you diſcover this fatty appearance, you will ſee the ſurface at firſt ſmooth under your knife. In an inſtant after, you will find a papillary appearance all over the yellow-green ſurface. Each of theſe papillæ you will find to be part of the contents of a capſule, the contraction of which has produced this conical figure. If the amputated part has been expoſed long to the cold, or thrown into water and left there for ſeveral hours, a ſection of it no longer exhibits

exhibits this appearance, nor is it poſſible in this ſtage to diſtinguiſh at firſt ſight what I call carcinomatous hydatids from common fat. By this it appears that the yellow-green tranſparency of the fat, and the contractile power of the incloſing tunics could only ariſe from life, and the degree of heat with which that life was attended."

The next point on which Dr. A. exerciſes his conjectures, is on the uſe of the formation of cartilage before ulceration, and of the fungus after it, which ſpring up round the ulcer; calling in aid of his explanation that principle ſo well laid down by Hunter, that living animals lodged within another living body, do not whilſt alive ſtimulate to ſuppuration the parts which form their nidus; but that when dead they act as mere extraneous matter, and cauſe this proceſs to take place: Dr. A. thence explains the uſe of the carcinomatous fungus in the following terms:

"Now, if carcinomata paſs through the ſame ſtages as Dr. J. Hunter has remarked of the common or lympahtic hydatid, is it not probable that on the death of any of them ſuppuration will follow, and that this ſuppuration may expoſe the living hydatids in ſuch a manner that many of them may die from not being ſurrounded by living animal matter? To prevent this, I conceive a fungus is formed, which incloſes individuals or cluſters of them in ſeparate compartments, ſo that the death of one ſet produces no effect on the reſt."

"As far as my obſervation extends, this fungus grows in every direction where it is neceſſary to preſerve the hydatids. When a cluſter of hydatids dies, the fungus between it and the ſurface ulcerates, or ſloughs ſlowly, till the compartment containing them is expoſed. By this time, if the progreſs has been very ſlow, all the tunics of the hydatids are detached, and the ſurface being clean will make an attempt at healing. If no dead hydatids are in the neighbourhood, it will often, for a time, ſcab, or even ſkin over. But if, when the cavity is expoſed, ſome of the tunics of the hydatids retain their attachments, the attempt at healing will only produce an exuberance of fungus with retorted edges. This will continue till all the tunics or fragments of them are detached; after which, if no new impediment ariſes, the edges will take a different direction, and the part heal for a time."

The fifth letter, (from Mr. Cline to the author). The writer obſerves, that he has often met with the cells in cancerous tumours, containing a greeniſh yellow liquor, as mentioned by Dr. A. but they did not give Mr. C. the idea of being living hydatids. The writer alſo gives the following valuable practical directions concerning the removal of encyſted tumours.

"When an encyſted tumour is ſmall, it may be cured by an opening that will diſcharge its contents; and then by applying lapis ſepticus to the internal ſurface, ſo as to deſtroy the cyſt. But when they are very large, this practice muſt be dangerous, becauſe the ſuppurating ſurface might be greater than the conſtitution is able to ſupport. The removal or deſtruction of the cyſt is generally

generally neceſſary, for it rarely has any diſpoſition to heal. Even the leaving a very ſmall part of the cyſt will be ſufficient to prevent the complete healing of the wound."

In the ſucceeding letter, (in anſwer to the former,) Dr. Adams endeavours to explain the nature of the various cavities or cyſts connected with carcinoma. He ſuppoſes three kinds. The firſt is the common hydatid, in which, after the contents have been waſhed away, on throwing the amputated part in water, the cyſt ſtill preſerves its figure, and remains an empty cavity, or only filled with ſerum. The ſecond kind of cyſt is a cavity filled with a gelatinous ſubſtance, which the author ſuppoſes to be carcinomatous hydatids, which have gone through their various ſtages of birth, growth, and decay, and are retained in the encloſed fungus. A third ſpecies is a cavity compoſed of cells, filled with a dark bloody fluid, to which the author gives the appellation of *Hydatis Cruenta.*

In the eighth letter, (which is from the author to Mr. Abernethy,) Dr. A. explains more at large the final cauſe of the generation of fungus. This is in a great meaſure a repetition of what we have given our readers from the fourth letter; but the following paſſages will include all the moſt material ſubſtance of the author's hypotheſis, which therefore we ſhall quote.

" In examining a carcinomatous breaſt amputated in an early period, we meet with little or no fungus. By an early ſtage I mean, before the diſeaſe, how long ſoever it may have exiſted, has made any conſiderable progreſs. If the progreſs has been ſufficient to exhibit any ſuperficial marks, by a circumſcribed puckering of the ſkin, we find the fungus uſually confined to the ſpace between the carcinomatous hydatids and the ſurface; but if the diſeaſe has made conſiderable progreſs, ſo that the whole breaſt is much enlarged, it is then that we find various compartments in the fungus filled with hydatids in different ſtates of their progreſs towards maturity and death.

" Hence it ſeems as if the hydatids had a period of exiſtence ſhort in proportion as their powers of multiplication are greater. Till they multiply (ſuppoſing them in a ſituation that affords them a nidus for it) they appear more or leſs in a torpid ſtate, occaſionally growing, and at other times ſtationary. But the death, or perhaps even the approach towards death, of any individual or number of carcinomatous hydatids, inſtantly becomes a ſtimulus to the ſurrounding parts to generate this fungus, which, by ſeparating the dead from the living, produces in different parts of the ſame breaſt two different actions at the ſame time. One is a kind of ulceration, or more commonly continual ſloughing of the fungus which incloſes the dead hydatids; the other is the formation of new fungus to protect the living hydatid, and in many inſtances, if not in all, the fungus becomes itſelf a nidus for the generation as well as protection of future hydatids. That it does ſo for hydatis cruenta, when ſuch are the contents of a cancerous breaſt, we have every proof that our ſenſes can furniſh. For in theſe caſes the

the fungus is always much fofter and fpreads fafter, if the integuments are removed by the knife, cauftic, or ulceration, and the whole appearance when removed is fimilar to the defcription of thofe hydatids which have efcaped from the uterus, adhering to a fpongy fubftance refembling or ferving as a placenta."

[To be continued.]

Obfervations on the Opinion of Dr. Langslow, that Extravasation is the general Caufe of Apoplexy, in Letters to a young Surgeon; by William Crowfoot. 8vo. pp. 46. Robinfons. London, Oct. 31, 1801.

In a private letter to the Editors, Mr. C. complains that his Statement, which appeared in our laft Number "was not intended to be obtruded upon the public in fo crude and incomplete a form, nor with the verbal errors it contains. He does not think his opponent juftifiable in fending what was intended for a fmall circle, before the public at large, without the knowledge and confent of the writer." In the prefent pamphlet, Mr. C. has given that Statement of the Cafe which he wifhes to be confidered the only one intended by him for general infpection. It does not differ materially in facts or opinions from that given in the Journal. A fecond Cafe is added, very fimilar to the firft, which was attended by Mr. C's friend, Mr. Davey, who gives the following relation of it.

"When I firft faw her, which was not lefs than two hours and a half from the commencement of the attack, fhe was juft recovered from a fit, which, from its fymptoms, (defcribed to me by the perfons prefent) I judged to be apoplectic, and of that kind which is termed by writers of the moft refpectable authority, the nervous apoplexy.

"She was now perfectly collected in her fenfes, but had a difficulty in articulation, with a want of recollection. To explain which I muft obferve, her ideas of things were perfectly accurate, though fhe had forgotten the words which expreffed them; I fay collected, becaufe when fhe was at a lofs for a proper word, if you mentioned it, fhe directly ufed it.

"She complained of head-ach, ficknefs, naufea, numbnefs all over her right fide, with want of power to move that arm, thigh and leg, without the greateft exertion, and then could merely drag them after her. For fome days previous to this attack fhe had been troubled with vertigo, naufea, general uneafinefs, pain in the head, and drowfinefs. The bowels had been regular.

"As Dr. Duncan, in his lectures on cafes like this, where evidently no extravafation was prefent, recommends to his pupils to bleed in a very fmall quantity, to avoid cenfure from not doing that which long cuftom has eftablifhed, (although he thinks it detrimental to his patient rather than the contrary): I thought it prudent to follow fuch high authority, (though contrary to my own opinion) and took away not more than three ounces of blood, juft to fay fhe was let blood, and ordered an emetic to be given

immediately, together with a blister to the back. After the operation of the emetic, a stimulating purgative mixture (so as to evacuate the contents of the bowels, and remove any thing offensive which might be lodged there) was ordered, and likewise a rubifacient embrocation for the part affected.

" I saw the patient no more, but was happy to hear from my friend, Mr. C. that most complete success had attended this mode of treatment.

" H. S. D."

" In addition to this testimony, I can affirm, that on the following day the severity of the attack had left threatening symptoms of hemiplegia, the right side being much affected, and which did not perfectly recover for some days after."

Mr. C. appears to us to have adopted the opinions of Dr. Kirkland in too great an extent; whereas an author, like Dr. K. who designs to overturn old opinions and introduce new ones, always pushes his peculiar notions too far, and should be read with that impression, and certain grains of allowance admitted accordingly. Dr. K. appears to stumble at the very threshold of his Commentary, for he argues thus. I found two cases of violent concussion of the brain by *mechanical* means, attended with *fracture* of the scull, which terminated fatally in a few days. After death, blood was found in contact with the brain. The patients had no other sign or symptom of Apoplexy, except the sudden falling down and afterwards dying: THEREFORE effusion of blood within the cranium is *never the cause of true Apoplexy;* and "*erroneous* opinions have been drawn from appearances in the dissection of dead bodies." p. 21. He then revises other similar Cases, determined to abide by this extraordinary inference, and attempts to establish a distinction between Apoplexy and Coma, which, we fear, may lead to an erroneous and dangerous practice if generally adopted.

It is probable, however, that Mr. C. does not intend *jurare in verba magistri*, as the following passages will evince.

" I shall consider the question of extravasation, &c. as the general cause of apoplexy, to be determined in my favour, until my opponent brings at least equal evidence to invalidate what I have advanced. Supposing, therefore, this to be set at rest, I proceed agreeably to my design, to the treatment of apoplexy, so far as regards the use of emetics, &c.

" For the cure of apoplexy arising from internal causes, Dr. Cullen recommends bleeding largely and purging; and he says, vomiting has been much employed by some practitioners and writers; but *apprehending* this might impel the blood with too much violence into the vessels of the head, *I have never employed it.* This appears *to be all* Cullen says upon this subject, and it is very clear he is speaking of a disease (coma) different from what we are now considering, and in which a judicious practitioner would hesitate to recommend such a remedy.

" That emetics in apoplexy are neither new nor extraordinary, we learn by this extract from Cullen; and from my opponent's favourite,

favourite, Brooks, we have the names of Sydenham, Boerhaave, Heifter, and Pitcairn, to fanction their ufe. But I do not rely upon them, becaufe large bleedings were generally prefcribed, and the practice, I have reafon to believe, was prejudicial to the patient, &c.

" I fhall now return to the main defign of this paper, the fubject of emetics. 'Allow me to afk,' fays the Doctor, 'how the brain can be oppreffed by a foul ftomach?' Without entering into any explanations as to the fympathy which is known to exift between the head and ftomach, I fhall briefly obferve, that no one I believe, except himfelf, would affert the brain was oppreffed, *or suffered compression,* when there was no other foundation for that opinion than pain in the head, flight ficknefs, and naufea?

" Again, 'Does Mr. C. really think that ftimulating the ftomach by emetics, will produce a freer circulation than emptying the blood veffels themfelves? And further, that plenitude is more expeditioufly obviated by vomiting than bleeding?' To thefe enquiries I anfwer, that *diftention* of the ftomach may affect the brain by preventing the free expanfion of the lungs, and of courfe a free return of the blood; and therefore, to remove this preffure from the diaphragm, will produce a freer circulation, and obviate that fullnefs more expeditioufly by vomiting than bleeding.

" But, independent of this reafoning, I would imprefs upon your mind, that there may exift fome irritating matter in the ftomach, or fome exciting caufe, under the particular ftate of the nervous fyftem, which may be productive of apoplexy.

" This may be ftrongly exemplified in the cafe of fome vegetable poifons, as the drop-wort and the lauro-cerafus, &c. which have been known to produce apoplectic fymptoms, and for the removal of which, it would be an infult to your underftanding to dictate the means of relief, recommended by Dr. L.

" The free ufe I made of Dr. Kirkland's Commentary, will, I hope, induce you to perufe it attentively, as it contains many practical obfervations and ufeful diftinctions; and, I truft, you will find in this pamphlet, fubftantial fupport to what I have advanced.

" I cannot conclude without reverting to the occafion of this correfpondence, which indeed it is highly proper you fhould keep in mind. A phyfician vifits a patient juft recovered from a fit, who complains of confiderable pain in the head, occafional naufea, and flight ficknefs; there is no other mark of derangement in the fyftem; fhe is in perfect poffeffion of her underftanding, and the vital and animal actions are unimpaired. *This patient* is pronounced by the Doctor to be in a ftate of compreffed brain from a confiderable extravafation of blood.

" This is too extravagant an affertion to pafs unnoticed, and fo contrary, furely, to all authority, that medical men will not require an anfwer.

" I fear I muft have wearied you with thefe remarks upon extravafation, but my aim and endeavour have been, if poffible, to ftop the progrefs of error. The attempt is certainly to be commended,

mended, however imperfectly it may be executed; for it has a tendency to promote the ſtudy and illuſtrate the doctrine of phyſiology.

"Such, I hope, may be the effects of this inveſtigation; and I aſſure you, I ſhall not regret the little trouble it has occaſioned me if it is attended with any benefit to the healing art, by inciting men of higher abilities, and more leiſure, to proſecute the Enquiry.

MEDICAL AND PHYSICAL INTELLIGENCE.

[FOREIGN AND DOMESTIC.]

On the origin of amber.—It is almoſt univerſally acknowledged, that amber derives it origin from the vegetable kingdom, though it is not ſufficiently aſcertained, which ſubſtance does chiefly contribute to its formation, and every analogous fact which might throw light on this ſubject has, therefore, a particular intereſt for naturaliſts. Of this kind is the following experiment, made for that purpoſe by Profeſſor Hermbſtaed: "Pour into a china ſaucer, oil of amber or rectified petroleum, ſo much that it ſtands about one line high; and, having placed it on water, cover it with a glaſs bell filled with oxygen gas, and expoſe the whole for ſome months to the action of ſun-light. As the air in the bell is by degrees abſorbed, the water will riſe, and the oil become more weighty than before, and of a greater conſiſtency. On evaporatiug the reſt of the oil, by gentle heat, a reſinous ſubſtance remains, which proves extremely analogous to amber."—The following theory is grounded on this experiment: "The rock-oil is the production of interred animal, but particularly vegetable, ſubſtances; which, having come by means of its ſpecific lightneſs on the ſurface of water, abſorbs the oxygen of the atmoſphere and becomes inſpiſſated. As long as it remained viſcid, flies, gnats, ſpiders, and other inſects that happened to ſit down on it, and ſtraw and other particles floating in the air, having ſtuck to it, are, by degrees, incorporated with it as it grows harder. When the ſolidity of the inſpiſſated oil increaſes by the continued abſorption of oxygen it ſinks to the bottom in maſſes, which forms the ſtrata of amber.—The acid obtained from amber by dry diſtillation, ſeems not only to be admixed to it, but rather compoſed of a more intimate combination of a part of amber with oxygen."—The late Mr. Girtanner was of opinion, that amber might be an animal production, and he imagines it conſiſted of a kind of honey and wax that had been

changed

changed into amber by a ſpecies of ants, *(formica rufa)* which, by the acid they contain, have oxydated and hardened the wax. This idea, however, though applicable in ſome meaſure to the ſubterraneous amber, does not agree with that production in general, and his firſt theory ſeems to be more preferable, as it has recourſe to the influence of the atmoſphere, an agent ſo univerſally extended and ſo frequently employed by nature for its different operations. Nothing beſides can be traced by dry diſtillation which had any reference to its animal origin; and in caſe ants had contributed towards its generation, there ſhould at leaſt exiſt in it traces of azote, as in the acid of ants, &c. The experiment of Profeſſor Hermbſtaedt deſerves, therefore, every attention, however inſufficient it appears for explaining the origin of ſubterraneous amber; but this ſpecies is alſo leſs hard, and does not poſſeſs all the properties of water amber.

It is but too frequently the caſe, that for procuring credit to a favorite ſyſtem, and for making proſelytes, men are biaſſed towards meaſures, diſhonourable to themſelves and diſadvantageous to the cauſe which they endeavoured to promote. Such is the following caſe, which throws great blame on the violent and unreaſonable Champions of the Brunonian Syſtem. In a late number of Profeſſor *Roſhlaub's* Magazine for the Theory and Practice of Medicine, which betrays a viſible bias towards that ſyſtem, are inſerted from an anonymous hand, ſeveral letters relating to the laſt illneſs of the celebrated *Kotzebue*, in order to prove that this famous author had been ſaved from inevitable death by the exertions of a Brunonian Doctor. We are told, that the complaints of Mr. *Kotzebue* were conſidered as hypochondriacal, and originating from an obſtruction in the bowels, and that he had been treated by a great many renowned phyſicians without experiencing any relief, till at laſt, on the brink of death, he applied to a young doctor, who treating him according to the enlightened principles of the Brunonian Theory, ſucceeded in curing Mr. *Kotzebue* in a proportionably ſhort time, much to the ſatisfaction of the Doctor and to the honour of that ſtandard ſyſtem. Every particular of the caſe is ſo accurately ſtated, and even the preſcriptions added, that were aſſerted to have been uſed by his former phyſicians, as to leave no room for doubting its authority. The indignation of the public muſt therefore be the more raiſed, when we are aſſured by Mr. *Kotzebue* himſelf, that the whole is nothing but a moſt ſhameful forgery, the anonymous author of which had purpoſely made ſuch a celebrated man the ſubject of it, in order to draw the attention of the public on this caſe to a man ſo univerſally eſteemed for his dramatical compoſitions. Mr. *Kotzebue*, however, declared himſelf firſt in the Hamburgh newſpapers againſt the authenticity of that caſe, but he particularly ſhewed afterwards, more fully, the matchleſs impudence of that forger of lies. After a ſtatement of his illneſs, he affirms never to have employed any other phyſician than Dr. *Bluhm* of Riga, a very able practitioner, whoſe plan of cure had been approved by the greateſt phyſicians

of

of Germany, *Hufeland*, *Zimmermann*, *Selle*, *Marhard*, &c. The chief symptoms of his malady were a febrile state, a palpitation of the heart, and insupportable anxiety of mind, emaciation of the body, want of sleep and appetite, which he thought to have arisen from some dietetical irregularities. By the skilful use of aperients, roborants, motion, travelling, &c. &c. Dr. Bluhm succeeded in restoring Mr. *Kotzebue* to health. The language which this gentleman uses in his reply to the statement inserted in *Roshlaub's* Magazine, denotes the just indignation to which he was roused by the impudent assertions of the author, which he calls open lies. He desires the editor of the above Magazine, for his honour, to unmask the impostor, as otherwise he might justly incur the suspicion of being an accomplice in that imposition. It is impossible to conceive how any person could take the courage of forging such a case without fear of being discovered, had the author not hoped, from a rumour of the emperor Paul's displeasure with *Kotzebue*, and his being exiled to Siberia, that this imposture would remain buried in the snow and ice of that country.

A Translatiou into English of Cuvier's Treatise on Comparative Anatomy is in great forwardness. It is executing at Paris, under Cuvier's directions, by an English physician qualified to do justice to the undertaking. A number of notes by Cuvier himself will be added to the two first volumes, which are not in the French edition. These volumes will be speedily published at Edinburgh; and the remaining volumes will appear as early as these, in the original.

A late Pupil of Professor Blumenbach is now engaged in translating his Compendium of Physiology, to which he means to add explanatory notes and illustrations; a labour which, from the utility of the work and the difficulty of procuring the original in England, he has been led to undertake.

The Gentlemen elected as Presidents by the Physical Society, Guy's Hospital, for the ensuing session, are, Dr. Haighton, Dr. Walshman, Dr. Currie, Mr. Saumarez, Mr. A. Cooper, and Mr. Hardy.

The Gentlemen next in order to read Cases, some of which are upon the table, are Messrs. Talbut, Suter, Crump, and Shaw.

H. JOHNSON *Secretary*.

On Tuesday, Jan. 19, 1802, at eight o'clock in the evening, Dr. GARNETT will commence a Course of Lectures on CHEMISTRY, comprehending all the modern discoveries in that science, with its application to the different arts and manufactures, particularly pharmacy, medicine, and agriculture. The course will consist of about forty Lectures, two of which will be delivered every week, viz. on Tuesday and Thursday, at eight o'clock in the evening. A short course of *Mineralogy* will be introduced in the day, which those

those who subscribe to the Chemical Course will be allowed to attend.

On Wednesday Jan. 20, at eight o'clock in the evening, he will commence a Course of Lectures on ZOONOMIA, or the Laws of Animal Life; in which will be given a popular view of the animal oeconomy, and the laws by which its different functions are regulated, with the methods of preventing and curing diseases. The object of the Lecturer will be to render this course interesting, not only to students of medicine, but to all who think the study of the human frame a subject worth their inquiry.

This course will consist of not less than fifteen lectures, one of which will be delivered on Wednesday evening at eight o'clock.

For particulars, application may be made to Dr. Garnett, No. 51, Great Marlborough Street.

Dr. BRADLEY'S Course of Lectures on the Theory and Practice of Medicine, will commence on Tuesday, Jan. 12, 1802, at six in the afternoon, at the Lecture Room, No. 102, Leadenhall Street.

Dr. BATTY'S Lectures on the Theory and Practice of Midwifery, will commence on Monday, January 11, 1802, at eleven o'clock in the forenoon, at his house in Great Marlborough Street.

Dr. DENNISON and Dr. SQUIRE, early in this month, will commence a Course of Lectures on the Theory and Practice of Midwifery, and the Diseases of Women and Children.

Dr. OSBORN'S and Dr. CLARKE'S Lectures on Midwifery, and the Diseases of Women and Children, will be given as usual, at Dr. Clarke's house in New Burlington Street. The first of the two Spring Courses will begin on Monday, January 24, 1802, at half past ten in the morning; and the Lectures will be continued every day, at the same hour, for the convenience of Students attending the Hospitals.

Mr. BLAIR will commence a Course of Clinical Lectures on the Diseases and Operations of Surgery, on Tuesday the 26th of January, at eight o'clock in the evening, at the Bloomsbury Dispensary, in Great Russel Street.

Mr. CHEVALIER, Surgeon to the Westminster General Dispensary, will begin his Spring Course of Lectures on the Principles and Operations of Surgery, on Monday, Feb. 1, at seven o'clock in the evening, at the Dispensary in Gerard Street, Soho; where printed particulars may be had, or at his house in South Audley Street, Grosvenor Square.

Mr. NORTHCOTE, formerly from Plymouth, is now painting a Portrait of Dr. Jenner, at the request and expence of the Medical Society of Plymouth, and the Picture is immediately to be engraved by an eminent Artist.

Medical and Phyſical Memoirs, containing among other ſubjects, a particular Enquiry into the Nature of the Peſtilential Empidema of the United States, by CHARLES CALDWELL, M. D. 8vo. 8s. boards Wynne and Scholey.

Experiments and Obſervations on the Mineral Waters of Hampſtead and Kilburn. By JOHN BLISS, Surgeon, 2s. Phillips.

New Inventions and Directions for Ruptured Perſons, by W. H. T. Eſq. with a Recommendatory Letter from WILLIAM BLAIR, A. M. Surgeon. 2d Edition with Additions, 2s. Hurſt.

Obſervations on the Opinion of Dr. Langslow, that Extravaſation is the general cauſe of Apoplexy. By WILLIAM CROWFOOT. Robinſons.

Medicinæ Praxeos Compendium Symptomata, Cauſas, Diagnoſin, Prognoſin, et medendi rationem exhibens. Autore, E. G. CLARKE, M. D. 5s. 6d. Edit. 2da. Ogle.

Account of the Plan for the Improvement and Extention of the Infirmary at Newcaſtle. Walker, Newcaſtle.

Hiſtorical Surgery, or the Progreſs of the Science of Medicine on Inflammation, Mortification, and Gun-ſhot Wounds, by JOHN HUNT. 4to. 1l. 1s. boards. Rivingtons

Practical Obſervations on the Gonorrhœa Virulenta, and a New Mode of Treating that Diſeaſe. By ROBERT BARKER. 2s. 6d. Rivingtons.

A Treatiſe on the new diſcoverd Dropſy of the Membranes of the Brain, and Watery Head of Children, proving that it may be cured. With Objections to Vomits, &c. To which are added, Obſervations on Errors in Nurſing, &c. &c. By WILLIAM ROWLEY, M. D. 2s. Murray and Highley.

The Anatomiſt's Vade Mecum, the fourth Edition, reviſed and enlarged. By ROBERT HOOPER, M. D. 12mo. 7s. 6d. boards. Murray and Highley.

To CORRESPONDENTS.

We are particularly indebted to Dr. Girdlestone for his polite attention to our Quere *respecting the prevalence of* Typhus *in autumn, (see p. 54). It appears to us, that a more accurate knowledge of the causes, and therefore of the means of preventing contagious and epidemical diseases, may be promoted by correct answers to similar questions from every part of the world. We have, at present, limited our inquiries to Idiopathic continued fevers, which we have attempted to distinguish under the Diseases admitted into the Westminster Hospital, (see p.* 16) *but mean hereafter to extend them to Scarlatina, Pertussis, Croup, Influenza, &c. We shall be particularly obliged to those Correspondents who add the state of the weather, soil, diet, &c. accompanying each Epidemic.*

We are again obliged to apologize for postponing the account of books; but it shall not be deferred beyond the next Number.

Communications *have been received from Dr. Brown, Mess. Ward, Howard, Wilkinson, and Observator.*